


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000060613</b> 1. Entity Name <b>STRATTON PUMPING, INC.</b>	
---	---

<b>Principal Place of Business</b> 7641-1 BAYARD BLVD JACKSONVILLE FL 32256	<b>Mailing Address</b> 7641-1 BAYARD BLVD JACKSONVILLE FL 32256
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

1st MOORE CR2E034 (10/06)

<b>4. FEI Number</b> <b>58-2401923</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Name and Address of Current Registered Agent</b>	
<b>STRATTON, DUANE A</b> <b>7641-1 BAYARD BLVD</b> <b>JACKSONVILLE FL 32256</b>	
<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	---

10. OFFICERS AND DIRECTORS		
TITLE	NAME	<input type="checkbox"/> Delete
NAME	STRATTON, DUANE A	
STREET ADDRESS	7641-1 BAYARD BLVD	
CITY - ST - ZIP	JACKSONVILLE FL 32256	
TITLE	NAME	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	U00000618702	
STREET ADDRESS	02/08/07-80040-008	
CITY - ST - ZIP	150.00	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Duane Stratton Duane Stratton Date: 1-30-07

Daytime Phone # 904 219-9394