

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2007 8:00 am**  
**Secretary of State**

02-02-2007 90009 048 \*\*\*158.75

DOCUMENT # P99000038873

1. Entity Name

HOLLAND PUMP COMPANY



Principal Place of Business

7312 WESTPORT PLACE  
WEST PALM BEACH FL 33413-1661

Mailing Address

2610 SIDNEY LANIER DR  
BRUNSWICK GA 31525

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)

4. FEI Number 65-0921051

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLODGETT, WILLIAM W  
7312 WESTPORT PLACE  
WEST PALM BEACH FL 33413-1661

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BLODGETT, WILLIAM W  
STREET ADDRESS 7312 WESTPORT PLACE  
CITY-STATE-ZIP WEST PALM BEACH FL 33413-1661 ☐ Delete

TITLE V  
NAME SWEENEY, PATRICK J  
STREET ADDRESS 115 SEA PALMS LN  
CITY-STATE-ZIP SAINT SIMONS ISLAND GA 31522 ☐ Delete

TITLE V  
NAME LANT, EUGENE K  
STREET ADDRESS 4128 CONWAY PL CIR  
CITY-STATE-ZIP ORLANDO FL 32812 ☐ Delete

TITLE AS  
NAME KING, JENNIFER D  
STREET ADDRESS 170 LEESWOOD CR  
CITY-STATE-ZIP BRUNSWICK GA 31525 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT  
NAME William W Blodgett the V  
STREET ADDRESS 12905 MILFORD CT  
CITY-STATE-ZIP Wellington FL 33414 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

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:

Patrick Sweeney V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-07

912-466-0304

Date

Daytime Phone #