

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 24, 2005 8:00 am**  
**Secretary of State**

08-12-2005 90001 039 \*\*\*150.00  
08-24-2005 90054 048 \*\*\*400.00

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # P99000054578</b><br>1. Entity Name<br><b>PUMPING SOLUTIONS, INC.</b>  |  |   |   |   |  |
| Principal Place of Business<br><b>13591 N MAIN ST<br/>JACKSONVILLE FL 32218</b>   |  |   | Mailing Address<br><b>13591 N MAIN ST<br/>JACKSONVILLE FL 32218</b>   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc. |   |   |  |
| City & State  |  | City & State                                  |   |   |  |
| Zip   | Country  | Zip   | Country   | 4. FEI Number <b>59-3580533</b> <input checked="" type="checkbox"/> Applied For<br><input checked="" type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |   |   | 1st MOORE CR2E034 (10/04)   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BAUMAN, FRANK V - Deceased -<br/>819 LEAFY LANE<br/>JACKSONVILLE FL 32216</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name <b>Penny A. Green</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>7803 Cranbrooke Rd.</b><br>City <b>Jacksonville</b> FL Zip Code <b>32219</b> |   |  |
| 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.<br>SIGNATURE <u>Penny A. Green Treasurer</u> <span style="float: right;">received on: 7/21/05</span><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>   |  |   | 9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b><br>Trust Fund Contribution.  |   |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | P<br>GREEN, BILLY J <input type="checkbox"/> Delete<br>7745 CRANBROOKE ROAD<br>JACKSONVILLE FL 32219 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | VP<br>GREEN, EDWARD A <input type="checkbox"/> Delete<br>7803 CRANBROOKE RD<br>JACKSONVILLE FL 32219 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | ST<br>GREEN, PENNY A <input type="checkbox"/> Delete<br>7803 CRANBROOKE RD<br>JACKSONVILLE FL 32219  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Penny A. Green</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | Date <u>7/21/05</u> (904) 951-2735<br><small>Daytime Phone #</small>  |   |  |