2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000076300

Entity Name: THOMPSON WELL & PUMP, INC.

FILED Mar 22, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 335 N BOUNDARY AVE 420 N. SPRING GARDEN AVE. **UNIT B** DELAND, FL 32720 DELAND, FL 32720 **New Mailing Address: Current Mailing Address:** PO BOX 371 DELAND, FL 327210371 FEI Number: 59-3611448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THOMPSON, JERRY JR THOMPSON, JERRY JR 420 N SPRING GARDEN AVE 335 N BOUNDARY AVE **UNIT B** DELAND, FL 32720 US DELAND, FL 32720 US 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. SIGNATURE: 03/22/2005 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition THOMPSON, JERRY E Name: Name: 1995 LARCHMONT DR Address: Address: City-St-Zip: DELAND, FL 32724 City-St-Zip: () Delete Title: VΡ Title: () Change () Addition THOMPSON, BETH Name: Name: 1995 LARCHMONT DR Address: Address: DELAND, FL 32724 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY E THOMPSON, JR P 03/22/2005