



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

DOCUMENT # P99000079156 1. Entity Name GAYLORD PUMP AND IRRIGATION, INC.	
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Principal Place of Business 904 NW SUWANNEE AVE. BRANFORD, FL 32008 US	Mailing Address PO BOX 548 BRANFORD, FL 32008
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DO NOT WRITE IN THIS SPACE



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3598650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

GAYLORD, DONALD W
904 N.W. SUWANNEE AVE.
BRANFORD, FL 32008

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAYLORD, DONALD W 25264 HWY 129 N. BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUN, JORY 5120 SE CR 500 BRANFORD, FL 32008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAYLORD, CHAD P.O. BOX 461 BRANFORD, FL 32008
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/28/08-80052-015 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Donald Gaylord **1-22-08 386-935-0932**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #