## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Mar 08, 2006 08:00 AM Secretary of State **DOCUMENT # S65939** 1. Entity Name AAA GENERATOR & PUMP, INC. Mailing Address Principal Place of Business 14660 CEMETERY RD. 14660 CEMETERY RD. FT. MYERS, FL 33905 FT. MYERS, FL 33905 03012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0269245 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent CODY, BENJAMIN H. DO NOT WRITE 14660 CEMETRRY RD. FT. MYERS, FL 33905 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. TITEF CODY, BENJAMIN H. NAME STREET ADDRESS 14660 CEMETERY RD. U00000460512 03/20/06-90013-004 150.00 CITY-ST-ZIP FT MYERS, FL TITLE HERD, JESSE MAME STREET ADDRESS 1112 VINEYARD PLACE LEHIGH ACRES, FL CITY-ST-ZIP TITLE CODY, BENEDICTIL M NAME STREET ADDRESS 14660 CEMETARY RD DO NOT WRITE CITY-ST-ZIP FT MYERS, FL IN THIS SPACE TITLE NAME STREET ADDRESS

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 Black 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bluelecte -BENEDICTE, M. CODY

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

239-332-1/32