

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # S72664

1. Entity Name

DURRANCE PUMP AND SUPPLY, INC.



Principal Place of Business

864 NORTH TEMPLE AVE
STARKE FL 32091

Mailing Address

864 NORTH TEMPLE AVE
STARKE FL 32091



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 (10/07)

4. FEI Number **59-3076575**

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

DURRANCE, RUDOLPH VANN
864 N TAMPLE AVE
STARKE FL 32091

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 transferring)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
DPS
DURRANCE, RUDOLPH VANN
STREET ADDRESS
864 N TEMPLE AVE
CITY- ST- ZIP
STARKE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
U00000801451
02/01/08-80018-023 150.00

☐ Change ☐ Addition

TITLE
NAME
VP
WHEELER, PAUL
STREET ADDRESS
864 N. TEMPLE AVE.
CITY- ST- ZIP
STARKE FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
T
HUTCHINS, TONY
STREET ADDRESS
864 N TEMPLE AVE.
CITY- ST- ZIP
STARKE FL 32091

☐ Delete

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STREET ADDRESS
CITY- ST- ZIP

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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 2208

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