

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 358902

**Entity Name:** THOMPSON PUMP AND MANUFACTURING COMPANY, INC.**Current Principal Place of Business:**4620 CITY CENTER DR.  
PORT ORANGE, FL 32129**Current Mailing Address:**PO BOX 291370  
PORT ORANGE, FL 32129-1370 US**FEI Number: 59-1286389****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THOMPSON, WILLIAM F  
1496 HERBERT STREET  
PT ORANGE, FL 32129 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	VD
Name	CONWAY, DALE
Address	4620 CITY CENTER DR
City-State-Zip:	PORT ORANGE FL 32129

Title	TD
Name	MACKEY, SHAWN TREAS
Address	1496 HERBERT ST
City-State-Zip:	PORT ORANGE FL 32129

Title	PD
Name	THOMPSON, WILLIAM FPRES
Address	2 SUNNY PINES CIRCLE
City-State-Zip:	DAYTONA BEACH FL 32118

Title	VP
Name	FARRELL, JOHN
Address	1496 HERBERT ST
City-State-Zip:	PORT ORANGE FL 32129

Title	SD
Name	THOMPSON, CHRISTOPHER SECR
Address	1496 HERBERT STR
City-State-Zip:	PORT ORANGE FL 32129

Title	VP
Name	TAVAKOLI, MAJID
Address	1496 HERBERT ST
City-State-Zip:	PORT ORANGE FL 32129

*I hereby 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 all other like empowered.*

**SIGNATURE: SHAWN MACKEY****VP OF FINANCE****01/28/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date