


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 11, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # J15438**  
 1. Entity Name  
**ANDERSON PUMP SERVICE, INC.**



Principal Place of Business      Mailing Address  
**621 NW 186TH ST**      **621 NW 186TH ST**  
**MIAMI, FL 33169 US**      **MIAMI, FL 33169 US**

**DO NOT WRITE IN THIS SPACE**



01172004    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-1069994</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**THOMAS, MALCOLM**  
**621 NW 186TH ST**  
**MIAMI, FL 33169**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        **\$5.00** May Be Added to Fees

U00000045725  
 02/11/04-80074-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST THOMAS, MALCOLM 621 NW 186TH ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP THOMAS, JUDY 621 NW 186TH ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S COLITZ, CLARA 220 NW 128TH ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:** *Clara Colitz* (Signature)      *Feb. 9/04*      *305-687-5401*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #