

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J15438

FILED
Feb 14, 2009
Secretary of State

Entity Name: ANDERSON PUMP SERVICE, INC.

Current Principal Place of Business:

621 NW 186TH ST
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

621 NW 186TH ST
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 65-1069994 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMAS, MALCOLM
621 NW 186TH ST
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: THOMAS, MALCOLM
Address: 621 NW 186TH ST
City-St-Zip: MIAMI, FL 33169

Title: VP () Delete
Name: THOMAS, JUDY
Address: 621 NW 186TH ST
City-St-Zip: MIAMI, FL 33169

Title: S () Delete
Name: COLITZ, CLARA
Address: 220 NW 126TH ST
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MALCOLM THOMAS

PST

02/14/2009

Electronic Signature of Signing Officer or Director

_____ Date