

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J15438

FILED  
Jan 08, 2010  
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  
Name: THOMAS, MALCOLM  
Address: 621 NW 186TH ST  
City-St-Zip: MIAMI, FL 33169

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

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

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: CLARA I COLITZ

PST

01/08/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date