


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 11, 2005 08:00 AM
Secretary of State

DOCUMENT # K14648
1. Entity Name
ANDERSON PUMPS & IRRIGATION, INC.



Principal Place of Business HETZENDORFER, PHIL, D 2055 CENTRAL AVE ST PETERSBURG, FL 33713 US	Mailing Address HETZENDORFER, PHIL, D 2055 CENTRAL AVE ST PETERSBURG, FL 33713 US
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DO NOT WRITE IN THIS SPACE



02192005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2870417	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**ANDERSON, SUZANNE R.
2055 CENTRAL AVE
ST PETERSBURG, FL 33713**

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 _____
Signature, typed or printed name of registered agent and file if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ANDERSON, SUZANNE R. 2916 - 60TH AVE S ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST HETZENDORFER, PHIL D 7110 MEADOWLAWN DR. N. ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/12/05-80024-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Phil D. Hetzendorfer **PHIL D. HETZENDORFER** 727-822-3971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 3-8-05 Daytime Phone #