


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90103 013 ***150.00


DOCUMENT # K14648

1. Entity Name
ANDERSON PUMPS & IRRIGATION, INC.



Principal Place of Business 7110 MEADOWLAWN DR N. SAINT PETERSBURG, FL 33702 US	Mailing Address P.O. BOX 56273 SAINT PETERSBURG, FL 33732 US
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DO NOT WRITE IN THIS SPACE



02112008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2870417	Applied For Not Applicable
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~~ P.O. Box 56273
ST PETERSBURG, FL 33713 33732

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
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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 exemptions contained 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 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 ~~is~~ empowered.

SIGNATURE:  **4-10-08** **727-527-7650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #