


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # M80633
1. Entity Name
BEST PUMP & MOTOR REPAIR, INC.



Principal Place of Business C/O BARBARA TABOR 9431 HWY 301 SOUTH RIVERVIEW, FL 33569 US	Mailing Address C/O BARBARA TABOR 9431 HWY 301 SOUTH RIVERVIEW, FL 33569 US
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02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2889019	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TABOR, BARBARA
13032 COUNTY ROAD #672
RIVERVIEW, FL 33569

**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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	TABOR, ROBERT M.
STREET ADDRESS	13032 CR 672
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	P
NAME	BARBAR, TABOR
STREET ADDRESS	13032 CR 672
CITY-ST-ZIP	RIVERVIEW, FL 33569
TITLE	VD
NAME	SAYLES, TROY
STREET ADDRESS	2115 RIDGE MORE
CITY-ST-ZIP	VALRICO, FL 33594
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000441737
03/13/06 80048-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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 like empowered.

SIGNATURE: Barbara Tabor
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BARBARA TABOR

2-16-06 813-677-6413
Date Daytime Phone #