


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 04, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90033 030 \*\*\*150.00

**DOCUMENT # P99000111070**  
 1. Entity Name  
**A & D ELECTRIC MOTOR & PUMP REPAIR, INC.**



Principal Place of Business Mailing Address  
**140 O'BRIEN ROAD FERN PARK FL 32730-2806**  
**140 O'BRIEN ROAD FERN PARK FL 32730-2806**



2. Principal Place of Business - No P.O. Box #  
**140 OBrien RD**  
 Suite, Apt. #, etc.

3. Mailing Address  
**140 OBrien RD**  
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State  
**Fern Park, Florida**

City & State  
**Fern Park, FL**

Zip Country  
**32730 USA**

Zip Country  
**32730 USA**

4. FEI Number **59-3643464** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**DARLING, JAMES**  
**140 O'BRIEN ROAD**  
**FERN PARK FL 32730-2806**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 fee, if applicable. (MOORE Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DARLING, JAMES</b>	
STREET ADDRESS	<b>5320 BANANA AVENUE</b>	
CITY-ST-ZIP	<b>COCOA FL 32926</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DARLING, JENNETTE</b>	
STREET ADDRESS	<b>5320 BANANA AVE</b>	
CITY-ST-ZIP	<b>COCOA FL 32926</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: James Darling Date: 1/28/08 Daytime Phone #: 407-331-1213

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