

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J15438

**Entity Name:** ANDERSON PUMP SERVICE, INC.

**Current Principal Place of Business:**

17890 WEST DIXIE HWY  
N MIAMI BCH, FL 33160

**Current Mailing Address:**

P.O. BOX 630475  
AVENTURA, FL 33180 US

**FEI Number:** 65-1069994

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THOMAS, MALCOLM  
17890 WEST DIXIE HWY  
N MIAMI BCH, FL 33160 US

*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

**Officer/Director Detail :**

Title PST  
Name THOMAS, MALCOLM  
Address 17890 WEST DIXIE HWY  
City-State-Zip: N MIAMI BCH FL 33160

Title S  
Name COLITZ, CLARA  
Address 38 DOGWOOD RDG  
City-State-Zip: TEQUESTA FL 33469

*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

**SECRETARY**

**02/25/2015**

Electronic Signature of Signing Officer/Director Detail

Date