


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Feb 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J15438</b> 1. Entity Name <b>ANDERSON PUMP SERVICE, INC.</b>	
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Principal Place of Business <b>621 NW 186TH ST MIAMI, FL 33169 US</b>	Mailing Address <b>621 NW 186TH ST MIAMI, FL 33169 US</b>
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**DO NOT WRITE IN THIS SPACE**



01172004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1069994</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>THOMAS, MALCOLM 621 NW 186TH ST MIAMI, FL 33169</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000045725</b> <b>02/11/04-80074-010 150.00</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PST THOMAS, MALCOLM 621 NW 186TH ST MIAMI, FL 33169</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP THOMAS, JUDY 621 NW 186TH ST MIAMI, FL 33169</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S COLITZ, CLARA 220 NW 126TH ST MIAMI, FL 33169</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** *Clara Colitz* (Signature) *Feb. 9/04* *305-687-5401*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #