

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J33178

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** HALENKAMP PUMP & CONTROL SERVICES, INC.

**Current Principal Place of Business:**

2669 KEY LARGO LANE  
FORT LAUDERDALE, FL 33312 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 9231  
PO BOX 9231  
FT. LAUDERDALE, FL 33312 US

**New Mailing Address:**

**FEI Number:** 59-2714235      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BASS, DONALD L.  
7386 S.E. CONCORD PLACE  
HOBE SOUND, FL 33455 US

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

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

**OFFICERS AND DIRECTORS:**

**Title:** PD  
**Name:** HALENKAMP, WILLIAM G.  
**Address:** 2669 KEY LARGO LANE  
**City-St-Zip:** FT LAUDERDALE, FL 33312

**Title:** D  
**Name:** MACOMBER, BONNIE L.  
**Address:** 2669 KEY LARGO LANE  
**City-St-Zip:** FT. LAUDERDALE, FL 33312

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: BONNIE L. MACOMBER

D

01/04/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date