

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M80633

**FILED**  
**Mar 17, 2011**  
**Secretary of State**

**Entity Name:** BEST PUMP & MOTOR REPAIR, INC.

**Current Principal Place of Business:**

C/O BARBARA TABOR  
9429 HWY 301 SOUTH  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O BARBARA TABOR  
9429 HWY 301 SOUTH  
RIVERVIEW, FL 33569 US

**New Mailing Address:**

**FEI Number:** 59-2889019

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TABOR, BARBARA  
13032 COUNTY ROAD #672  
RIVERVIEW, FL 33569 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: P  
Name: SAYLES, TROY  
Address: 2215 RIDGEMORE  
City-St-Zip: VALRICO, FL 33594

Title: VD  
Name: TABOR, ROBERT  
Address: 13032 C.R. 672  
City-St-Zip: RIVERVIEW, FL 33579

Title: TRES  
Name: TABOR, BARBARA  
Address: 13032 C.R. 672  
City-St-Zip: RIVERVIEW, FL 33579

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: BARBARA TABOR

TRES

03/17/2011

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

\_\_\_\_\_  
Date