2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M94055

FILED Apr 29, 2009 Secretary of State

Entity Name: LABELLE PUMP MANUFACTURING CORPORATION

Current F	rincipai Piac	e of Business:	New Principal Place	or Business:
461 5TH A LA BELLE	AVENUE E, FL 33935	US		
Current Mailing Address:		New Mailing Address:		
P O BOX : LABELLE,	2066 FL 33975	US	P O BOX 2066 LABELLE, FL 33975	
FEI Number	: 65-0069872	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
150 S. MA	S, JOHN JAY NN STREET FL 33935	US		
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
	e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida. [*] RE:	r submits this statement for the property of submits this statement for the property of submits the statement for the property of submits the statement for the property of submits this statement for the property of submits the submits of sub		od office or registered agent, or both, Date
in the Stat	e of Florida. RE: Electro			
in the Stat SIGNATU Election Ca	e of Florida. RE: Electro	onic Signature of Registered Ag	ent	
in the Stat SIGNATU Election Ca	e of Florida. RE: Electro mpaign Financii S AND DIREG	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete IILDA L.	ent	Date
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	e of Florida. RE: Electro mpaign Financii S AND DIREC DST (ZIMMERLY, F 461 5TH AVE LABELLE, FL	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete IILDA L. 33935) Delete 5. RAY	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MICHAEL J. ZIMMERLY DVM 04/29/2009