

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M94055

**FILED**  
**Mar 13, 2012**  
**Secretary of State**

**Entity Name:** LABELLE PUMP MANUFACTURING CORPORATION

**Current Principal Place of Business:**

461 5TH AVENUE  
LA BELLE, FL 33935 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 2066  
LABELLE, FL 33975

**New Mailing Address:**

**FEI Number:** 65-0069872      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

WATKINS, JOHN JAY  
150 S. MAIN STREET  
LABELLE, FL 33935 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: DST  
Name: ZIMMERLY, HILDA L.  
Address: 461 5TH AVE  
City-St-Zip: LABELLE, FL 33935

Title: DP  
Name: ZIMMERLY, S. RAY  
Address: 461 5TH AVE  
City-St-Zip: LABELLE, FL 33935

Title: DVM  
Name: ZIMMERLY, MICHAEL J  
Address: 461 5TH AVE  
City-St-Zip: LABELLE, FL 33935

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: HILDA L. ZIMMERLY

DST

03/13/2012

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

\_\_\_\_\_  
Date