## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000026687

Entity Name: CRYSTAL PUMP REPAIR, INC

5561 W ALAMEDA LANE

CRYSTAL RIVER, FL 34429 US

Address:

City-St-Zip:

FILED Apr 29, 2009 Secretary of State

•					
Current P	rincipal Place	of Business:	New Principal Pla	New Principal Place of Business:	
	_AMEDA LANE RIVER, FL 344	429 US			
Current M	lailing Address	s:	New Mailing Add	New Mailing Address:	
P O BOX 329 CRYSTAL RIVER, FL 34423 US				5561 W ALAMEDA LANE CRYSTAL RIVER, FL 34429 US	
FEI Number:	: 20-0751864	FEI Number Applied For (	) FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			nt: Name and Addres	Name and Address of New Registered Agent:	
	IMOTHY A LAMEDA LANE RIVER, FL 344	429 US			
	named entity sue of Florida.	ubmits this statement for	the purpose of changing its regist	ered office or registered agent, or both,	
SIGNATUR	RE:				
	Electronic	c Signature of Registere	d Agent	Date	
Election Car	mpaign Financing	Trust Fund Contribution (			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () [ BILBEY, TIMOTH 5561 W ALAMED CRYSTAL RIVER	DA LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () I SHAW, GREGOF 395 E. ELTON C LECANTO, FL 3	OURT	Address: 5561 W	(X) Change () Addition , REBECCA M ALAMEDA LANE AL RIVER, FL 34429 US	
Title: Name: Address: City-St-Zip:	TRES ( ) [ BILBEY, TIMOTH 5561 W ALAMED CRYSTAL RIVER	DA LANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	SEC ()[	Delete CCA M	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: TIMOTHY A BILBEY PRES 04/29/2009