

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000050325

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Entity Name:** TRI COUNTY PUMP SERVICE INC

**Current Principal Place of Business:**

290 GLOVER STREET  
BRONSON, FL 32621

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 143  
BRONSON, FL 32621

**New Mailing Address:**

**FEI Number:** 45-2410252

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEST FINANCIAL SERVICES & ASSOCIATES INC  
3788 ROLLING ACRES ROAD  
PACE, FL 32571 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: GLOVER, BARRY P  
Address: PO BOX 143  
City-St-Zip: BRONSON, FL 32621

Title: VP  
Name: GLOVER, BETTY J  
Address: PO BOX 143  
City-St-Zip: BRONSON, FL 32621

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: BETTY J. GLOVER

VP

04/03/2012

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

\_\_\_\_\_  
Date