

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P95000010972

1. Entity Name  
TOM'S PUMP REPAIR, INC.



**FILED  
Mar 10, 2005 8:00 am  
Secretary of State**

03-10-2005 90139 025 \*\*\*150.00

Principal Place of Business  
19992 SW 280 STREET  
HOMESTEAD, FL 33031

Mailing Address  
19990 SW 280 ST  
HOMESTEAD, FL 33031 US

**DO NOT WRITE IN THIS SPACE**

02282005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0560826	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SYTSMA, THOMAS D SR.  
19990 SW 280 STREET  
HOMESTEAD, FL 33031

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: COD  
NAME: GLENNA SYTSMA  
STREET ADDRESS: 19990 SW 280 ST  
CITY-ST-ZIP: HOMESTEAD, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-5 3052473969

Date

Daytime Phone #