


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000001561 1. Entity Name OLD TIMERS WELL AND PUMP SERVICE LLC	
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Principal Place of Business 3673 SW 89TH AVENUE OCALA, FL 34481-5457	Mailing Address 3673 SW 89TH AVENUE OCALA, FL 34481-5457
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04012004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3697518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent DEMOS & ASSOCIATES 2760 SW 58TH STREET OCALA, FL 34474
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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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RIGBY, ARMAND D 3673 SW 89TH AVENUE OCALA, FL 344815457
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLLAND, JOHNNY D 26374 PINE HILL DRIVE BROOKSVILLE, FL 34601
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Armand D. Rigby **4-8-04 352-237-1055**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #