2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNUAL REPORT				Secretary of State	
	MENT # L01000001	561	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		·
1. Entity Name OLD TIMERS WELL AND PUMP SERVICE LLC					
Principal Plac	e of Business	Mailing Address			
3673 SW 89 OCALA, FL 3		3673 SW 89TH AVENUE OCALA, FL 34481-5457			
			* 111117.4		
				04012004No Chg-LLC	CR2E083 (10/03)
i C	O NOT WRITE	IN THIS SPA	CE	4. FEI Number	Applied For
,i jaart		odga da sada a series e e e e e e e e e e e e e e e e e e		59-3697518	Not Applicable \$5.00 Additional
			idadili	5. Certificate of Status Desired	Fee Required
	5. Name and Address of Current F	legistered Agent			
DEMOS & ASSOCIATES 2760 SW 58TH STREET				DO NOT W	RITE
OCALA, FL 34474			IN THIS SP	· · · · · · · · · · · · · · · · · · ·	
	named entity submits this statement for tions of registered agent.	the purpose of changing its registe	ed office or register	ed agent, or both, in the State of Flor	rida I am familiar with, and accept
SIGNATURE					
	Signature, typed or printed name of registered agent a	of little if applicable (NOTE Register	ed Agent signature required	when reinstating)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2004				
9.	MANAGING MEMBER	RS/MANAGERS		er i, a. Passiaan era	paceál i na smin
TITLE NAME	MGR RIGBY, ARMAND D				
STREET ADDRESS CITY-ST-ZIP	3673 SW 89TH AVENUE			in in 1940 i Amerika Alim Kalendaria. Alim araban 1951 i Amerika Alim Alim Alim Alim Alim Alim Alim Alim	
TITLE	OCALA, FL 344815457 MGRM			unnn	(117845
name Street address	HOLLAND, JOHNNY D 26374 PINE HILL DRIVE			74/03/04/	Bocza-ois solm
CITY-ST-ZIP	BROOKSVILLE, FL 34601			og Nobel til hit had som filler Som film skiller i filler i kaller i skiller i skil	o trajiteto trascirs. Odgiđa
TITLE Name			. 1		
STREET ADDRESS			3 3 2 3 4	DO NOT W	RITE
CITY-SI-ZIP TITLE			1 1 1 1		
NAME			+3 ** +1	IN THIS SP	/////////////////////////////////////
STREET ADDRESS CITY-ST-2IP				: .	
TITLE NAME					
Street Address			1000		
CITY-SI-ZIP			1 : : : .		

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:

STREET ADDRESS

URE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR POTHORNED REPRESENTATIVE

4-8-14

751-137*-10*55

Daytime Phone #