


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000001561 1. Entity Name OLD TIMERS WELL AND PUMP SERVICE LLC	
--	---

Principal Place of Business 3673 SW 89TH AVENUE OCALA, FL 34481-5457	Mailing Address 3673 SW 89TH AVENUE OCALA, FL 34481-5457
--	--

DO NOT WRITE IN THIS SPACE



03012007No Chg-LLC

CR2E083 (11/05)

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

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

**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

**Filing Fee is \$50.00
Due by May 1, 2007**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000678815
04/03/07-80014-004 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Armand Rigby</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<u>3-23-07</u> <small>Date</small>	<u>352-237-1055</u> <small>Daytime Phone #</small>
--	---------------------------------------	---