

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000044249</b>	
1. Entity Name <b>PATTERSON WELL DRILLING AND PUMP SERVICE, LLC</b>	
Principal Place of Business <b>1039 STARK ST JACKSONVILLE, FL 32208</b>	Mailing Address <b>1039 STARK ST JACKSONVILLE, FL 32208</b>



01112005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>52-2415137</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>PATTERSON, JOHN E SR. 1039 STARK ST JACKSONVILLE, FL 32208</b>
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**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, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PATTERSON, JOHN E SR. 1039 STARK ST. JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PATTERSON, BETTY 1039 STARK ST. JACKSONVILLE, FL 32208
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04/01/05-80039-008 50.00

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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:** John E. Patterson Sr. **JOHN E. PATTERSON SR.** 3-30-05/904-7640939  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #