


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000049504</b> 1. Entity Name LOETSCHER'S WELL DRILLING & PUMP SERVICE, LLC	
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Principal Place of Business 40050 OTIS ALLEN ROAD ZEPHYRHILLS, FL 33540	Mailing Address 40050 OTIS ALLEN ROAD ZEPHYRHILLS, FL 33540
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**DO NOT WRITE IN THIS SPACE**



04052005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0426757	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  LOETSCHER, JOSEPH E 40050 OTIS ALLEN ROAD ZEPHYRHILLS, FL 33540
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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 the 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 LOETSCHER, JOSEPH E 40050 OTIS ALLEN ROAD ZEPHYRHILLS, FL 33540
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04/27/05-80117-001 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:** Joseph E. Loetscher 4-24-05 352-567-4762  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #