

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000049504**

**1. Entity Name**

**LOETSCHER'S WELL DRILLING & PUMP SERVICE, LLC**



**Principal Place of Business**

**40050 OTIS ALLEN ROAD  
ZEPHYRHILLS, FL 33540**

**Mailing Address**

**40050 OTIS ALLEN ROAD  
ZEPHYRHILLS, FL 33540**



**04082006 No Chg-LLC**

**CR2E083 (11/05)**

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**20-0426757**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LOETSCHER, JOSEPH E  
40050 OTIS ALLEN ROAD  
ZEPHYRHILLS, FL 33540**

**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, 2006**

**04/29/06 80236-009 50.00**

**9. MANAGING MEMBERS/MANAGERS**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**  
**MGRM**  
**LOETSCHER, JOSEPH E**  
**40050 OTIS ALLEN ROAD**  
**ZEPHYRHILLS, FL 33540**

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

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**CITY-ST-ZIP**

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IN THIS SPACE**

**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:**

*Joseph E. Loetscher* **Joseph E Loetscher** **4/19/06**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE**

**Date**

**Daytime Phone #**

**352-567-4762**