


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # L03000049580</b> 1. Entity Name <b>RICHARD L. KARPPE'S WELL DRILLING &amp; PUMP SERVICE, LLC</b>	
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Principal Place of Business <b>8530 BOYT ROAD ZEPHYRHILLS, FL 33540</b>	Mailing Address <b>8530 BOYT ROAD ZEPHYRHILLS, FL 33540</b>
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04102006 No Chg-LLC CRZE083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-0427256</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

<b>KARPPE, RICHARD L 8530 BOYT ROAD ZEPHYRHILLS, FL 33540</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

000000516190  
04/29/06-80236-010 50.00

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KARPPE, RICHARD L 8530 BOYT ROAD ZEPHYRHILLS, FL 33540
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**DO NOT WRITE  
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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: Richard L KARPPE**

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

**4-12-2006 (352) 523-2211**

Date

Daytime Phone #