

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 21, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # L03000053961**

1. Entity Name  
**HILLIARD'S WELL DRILLING & PUMP SERVICE LLC**



Principal Place of Business  
**8651 NW 152 PLACE  
TRENTON, FL 32693**

Mailing Address  
**P.O. BOX 6  
CHIEFLAND, FL 32644**



01232005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3135791**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**HILLIARD, RAY D  
8651 NW 152 PLACE  
TRENTON, FL 32693**

**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  
HILLIARD, RAY D  
8651 NW 152 PLACE  
TRENTON, FL 32693**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
HILLIARD, RAY D  
8651 NW 152 PLACE  
TRENTON, FL 32693**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
HILLIARD, PATRICIA L  
8651 NW 152 PLACE  
TRENTON, FL 32693**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
HILLIARD, PATRICIA L  
8651 NW 152 PLACE  
TRENTON, FL 32693**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000238845  
02/22/05-80017-009 50.00

**DO NOT WRITE  
IN THIS SPACE**

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: Ray D. Hilliard Ray D. Hilliard 2/18/2005 352-493-1697**

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

Date

Daytime Phone #