2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000053961

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

Principal Place of Business	Mailing Address
8651 NW 152 PLACE TRENTON, FL 32693	P.O. BOX 6 CHIEFLAND, FL 32644

01102006No Chg-LLC CR2E083 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HILLIARD, RAY D
STREET ADDRESS	8651 NW 152 PLACE
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	P
NAME	HILLIARD, RAY D
STREET ADDRESS	8651 NW 152 PLACE
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	MGRM
NAME	HILLIARD, PATRICIA L
STREET ADDRESS	8651 NW 152 PLACE
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	V
NAME	HILLIARD, PATRICIA L
STREET ADDRESS	8651 NW 152 PLACE
CITY-ST-ZIP	TRENTON, FL 32693
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000439462
03/02/06-80001-005 50.00

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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: Ray D. Hilliard Ray D. Hilliard 2/15/2006 352-493-1697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #