


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000053961 1. Entity Name HILLIARD'S WELL DRILLING & PUMP SERVICE LLC	
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Principal Place of Business 8651 NW 152 PLACE TRENTON, FL 32693	Mailing Address P.O. BOX 6 CHIEFLAND, FL 32644
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3135791	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent HILLIARD, RAY D 8651 NW 152 PLACE TRENTON, FL 32693
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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 reappointing) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

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
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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: Ray D. Hilliard RAY D. HILLIARD 3/2/2007 352-493-1697
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #