

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jul 27, 2005 8:00 am**  
**Secretary of State**

07-27-2005 90013 032 \*\*\*\*50.00

DOCUMENT # L04000009381

1. Entity Name

DEAN'S WELL DRILLING LLC



Principal Place of Business

1115 WAX MYRTLE RD.  
TALLAHASSEE FL 32305

Mailing Address

P.O. BOX 1469  
WOODVILLE FL 32362



2. Principal Place of Business

1115 Waxmyrtle Rd.

3. Mailing Address

P.O. Box 1469

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/04)

City & State

Tallahassee FLA,

City & State

Woodville FLA,

4. FEI Number

421616614

Applied For

Not Applicable

Zip

32305

Country

LEON

Zip

32362

Country

LEON

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEAN, WESLEY  
1115 WAX MYRTLE RD.  
TALLAHASSEE FL 32305

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME DEAN, WESLEY  
STREET ADDRESS 1115 WAX MYRTLE RD.  
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE MGRM ☒ Delete  
NAME FULGHUM, CHARLES E  
STREET ADDRESS 1894 SPRING CREEK HWY  
CITY-ST-ZIP CRAWFORDVILLE FL

TITLE MGRM ☒ Delete  
NAME DEAN, JEFFREY R  
STREET ADDRESS 1894 WILD CHERRY  
CITY-ST-ZIP TALLAHASSEE FL 32305

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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

7-22-05 877-9655

Date

Daytime Phone #