

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 30, 2006  
Secretary of State**

DOCUMENT# L04000017919

Entity Name: JOHNNY SMITH WELL DRILLING, LLC

**Current Principal Place of Business:**

341 SW THURMAN TERR.  
LAKE CITY, FL 32024 US

**New Principal Place of Business:**

PO BOX 189  
O'BRIEN, FL 32071 US

**Current Mailing Address:**

341 SW THURMAN TERR.  
LAKE CITY, FL 32024 US

**New Mailing Address:**

PO BOX 189  
O'BRIEN, FL 32071 US

FEI Number: 27-0098198      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BLOW, GEORGE W III  
106 WHITE AVENUE  
SUITE C  
LIVE OAK, FL 32064 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SMITH, JOHNNY C  
Address: 341 SW THURMOND TERR.  
City-St-Zip: LAKE CITY, FL 32064 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SMITH, JOHNNY C  
Address: PO BOX 189  
City-St-Zip: O'BRIEN, FL 32071 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHNNY C. SMITH      MGRM      04/30/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date