

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059326

FILED
Jan 08, 2008
Secretary of State

Entity Name: HUGHES WELL DRILLING & PUMP SERVICE, LLC

Current Principal Place of Business:

12367 N. US HWY 441
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

12367 N. US HWY 441
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 26-0307703

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, RONNIE J
12367 N. US HWY 441
LAKE CITY, FL 32055 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: MGR () Delete
Name: HUGHES, RONNIE J
Address: 12367 N. US HWY 441
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM () Delete
Name: HUGHES, DEBRAH A
Address: 12367 N. US HWY 441
City-St-Zip: LAKE CITY, FL 32055

Title: MGRM () Delete
Name: DICKS, LISA M
Address: 12367 N. US HWY 441
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HUGHES, DEBRA A
Address: 12367 N. US HWY 441
City-St-Zip: LAKE CITY, FL 32055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RONNIE J. HUGHES

MGR

01/08/2008

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