2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000065293

JIM DODGE WELL SERVICE, INC.



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

Principal Place of Business

Mailing Address

3849 LAZY LN GROVELAND, FL 34736 **3849 LAZY LN**

GROVELAND, FL 34736



DO NOT WRITE IN THIS SPACE

| • • | AA |
|---------------|----------------|
| 01-0721016 | Not Applicable |
| 4. FEI Number | Applied For |
| | |

5, Certificate of Status Desired

03102006

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

DODGE, JIM 3849 LAZY LN GROVELAND, FL 34736

DO NOT WRITE IN THIS SPACE

No Chg-P

| | named entity submits this statement for the prices of registered agent. | urpose of changing its registered office or r | registered agent, or bol | th, in the State of Florida. I am familiar with, and accept |
|--|---|---|--------------------------------|---|
| SIGNATURE. | Signature, typed or printed name of registered agent and title to | applicable (NOTE: Registered Agent signature | e required when reinstating) | DATE |
| | E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIREC | TORS | | |
| TITLE NAME SIREET ADDRESS CITY-S1-21P | DP DODGE, JIM 3849 LAZY LN GROVELAND, FL 34736 | - | | |
| TITLE NAME SINEET ADDRESS CITY-ST-ZIP | | | | 000000473679 03/31/06- 8 002 6- 013 150.00 |
| NAME STREET ADDRESS CIPY-S1-ZIP | · | | DO NOT WRITE | |
| tifle Name StireH address City-SI-ZIP | | | IN 7 | THIS SPACE |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP | | | | |

12. Thereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report in true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the precipility of the production of the precipility of the production of t

SIGNATURE:

NAME STREET ADDRESS CITY-ST-27P

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR