

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P03000123082

1. Entity Name  
RYANS WELLS & PUMPS, INC.



Principal Place of Business  
32212 AUTUMN MIST RD.  
EUSTIS, FL 32736

Mailing Address  
PO BOX 2072  
DELAND, FL 32721-2072



02142007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0410707	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

NICHOLS, JAMES H  
32212 AUTUMN MIST RD.  
EUSTIS, FL 32736

**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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	NICHOLS, JAMES H
STREET ADDRESS	32212 AUTUMN MIST RD.
CITY-ST-ZIP	EUSTIS, FL 32736

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/02/07-80060-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 or supplemental report is 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

JAMES H. NICHOLS  
JAMES H. NICHOLS, REGISTERED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/07

Date

386-804-7984

Daytime Phone #