2008 FOR PROFIT CORPORATION

Mar 20, 2008 08:00 A Secretary of State **ANNUAL REPORT** DOCUMENT # P03000123082 RYANS WELLS & PUMPS, INC. Principal Place of Business Mailing Address 32212 AUTUMN MIST RD. PO BOX 2072 DELAND, FL 32721-2072 EUSTIS, FL 32736 CR2E034 (11/05) 02212008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0410707 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE NICHOLS, JAMES H 32212 AUTUMN MIST RD. 1 EUSTIS, FL 32736 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NICHOLS, JAMES H NAME 32212 AUTUMN MIST RD. STREET ADDRESS CITY-ST-ZIP EUSTIS, FL 32736 U00000864708 TILLE NAME 04/04/08-80025-017 150.00 STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TiTLE NAME STREET ADDRESS CITY - ST - ZIP TITLE STREET ADDRESS CITY-ST-ZIP THE NAME

12. Thereby 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 trifstee empowered to execute this report acceptance 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: v

STREET ADDRESS CITY-ST-ZIP

HYPET NE PRINTED NAME OF SPINES OF FLOER OF DIRECTOR

386/804-7984

FILED