

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000158452

1. Entity Name
GREG FAGAN WELL & PUMP SERVICE, INC.



Principal Place of Business
**18795 SE HWY. 42
WEIRSDALE, FL 32195**

Mailing Address
**18795 SE HWY. 42
WEIRSDALE, FL 32195**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2680338

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FAGAN, GREGORY N
18795 SE HWY. 42
WEIRSDALE, FL 32195**

**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 reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000412985
02/10/06-80071-007 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME FAGAN, GREGORY N
STREET ADDRESS 18795 SE HWY. 42
CITY-ST-ZIP WEIRSDALE, FL 32195

TITLE ST
NAME FAGAN, SANDRA D
STREET ADDRESS 18795 SE HWY 42
CITY-ST-ZIP WEIRSDALE, FL 32195

TITLE O
NAME FAGAN, CRAIG
STREET ADDRESS 18795 SE HWY #12
CITY-ST-ZIP WEIRSDALE, FL 32195

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/06 352-551-0034
Do Daytime Phone #