

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90025 035 \*\*\*150.00

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02022006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P04000016680</b> 1. Entity Name <b>CAM WELL &amp; PUMP, INC.</b>					
Principal Place of Business <b>PO BOX 1329 HERNANDO, FL 34442</b>			Mailing Address <b>PO BOX 1329 HERNANDO, FL 34442</b>		
2. Principal Place of Business <b>7159 W Gravesherwood Blvd</b>			3. Mailing Address 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <b>Hernando FL</b>			City & State		
Zip <b>34416</b>		Country <b>US</b>		Zip	
Country		4. FEI Number <b>20-0624724</b>			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RABOLD, CHARLES M 6915 N TRAM RD HERNANDO, FL 34442</b>			7. Name and Address of New Registered Agent Name <b>Rabold Charles M</b> Street Address (P.O. Box Number is Not Acceptable) <b>2168 N. Watersedge Dr</b> City <b>Crystal River</b> <b>FL</b> Zip Code <b>34429</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RABOLD, CHARLES M 6915 N TRAM RD HERNANDO, FL 34442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S/T RABOLD, PAMELA A 6915 N TRAM RD HERNANDO, FL 34442</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE</b> <b>Charles Rabold</b> <b>2/14/06 352-400798</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					