## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000006276

Address:

City-St-Zip:

4680 SE 166TH ST

SUMMERFIELD, FL 34491

FILED Jan 16, 2009 Secretary of State

Entity Name: EARL'S WELL DRILLING & PUMP SERVICE, INC.					
Current Principal Place of Business:			New Principal Place	of Business:	
4680 SE 16 SUMMERF	66 ST FIELD, FL 344	91			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
4680 SE 16 SUMMERF	66 ST FIELD, FL 344	91			
FEI Number:	59-3162032	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
HAMMETT, J. RANDELL 7280 SW S.R. 200 OCALA, FL 34476 US			4680 SE 166TH STRE	MUFFETT, DAVID D PRES 4680 SE 166TH STREET SUMMERFIELD, FL 34491 US	
The above in the State		submits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: DAVID D, MUFFETT				01/16/2009	
	Electror	nic Signature of Registered Age	nt	Date	
Election Can	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( ) MUFFETT, DAN 11170 TIMUCU SUMMERFIELD	AN RD.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TS () MUFFETT, PHY 4680 SE 166TH SUMMERFIELD	l ST	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	V () MUFFETT, EDV	) Delete VARD E	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DAVID D. MUFFETT **PRES** 01/16/2009