

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000066461

FILED
Mar 17, 2009
Secretary of State

Entity Name: DOVER PUMPS AND WELLS, INC.

Current Principal Place of Business:

8103 SANDCRANE LANE
PLANT CITY, FL 33567

New Principal Place of Business:

Current Mailing Address:

8103 SANDCRANE LANE
PLANT CITY, FL 33567

New Mailing Address:

FEI Number: 59-3561798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRICE, RICHARD A
8103 SANDCRANE LANE
PLANT CITY, FL 33567 US

Name and Address of New Registered Agent:

TRICE, CATHERINE F
8103 SANDCRANE LANE
PLANT CITY, FL 33567 US

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.

SIGNATURE: CATHERINE F. TRICE

03/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: TRICE, RICHARD ALLEN
Address: 8103 SANDCRANE LANE
City-St-Zip: PLANT CITY, FL 33567 US

Title: DVP () Delete
Name: TRICE, CATHERINE
Address: 8103 SANDCRANE LANE
City-St-Zip: PLANT CITY, FL 33567 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: TRICE, CATHERINE F
Address: 8103 SANDCRANE LANE
City-St-Zip: PLANT CITY, FL 33567 US

Title: DVP (X) Change () Addition
Name: TRICE, HEATHER L
Address: 8103 SANDCRANE LANE
City-St-Zip: PLANT CITY, FL 33567 US

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.

SIGNATURE: CATHERINE F. TRICE

DP

03/17/2009

Electronic Signature of Signing Officer or Director

Date