2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 04, 2005 8:00 am Secretary of State DOCUMENT # P99000092741 05-04-2005 90169 010 ***150.00 TIM LUBEE'S WELL DRILLING & PUMP SERVICE, Principal Place of Business Mailing Address 15141 GARSON LOOP 15141 GARSON LOOP **BROOKSVILLE FL 34610 BROOKSVILLE FL 34610** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3606408 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LUBEE, THIMOTHY L Street Address (P.O. Box Number is Not Acceptable) 11133 BELL TOWER STREET SPRING HILL FL 34608 City Zip Code 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 it applicable (NOTE Registered Agent signature required when reinstating) DATÉ FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition NAME LUBEE, TIMOTHY L NAME STREET ADDRESS 11133 BELLTOWER STREET STREET ADDRESS SPRING HILL FL 34608 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition LUBEE, VICTORIA L NAME NAME STREET ADDRESS 11133 BELLTOWER STREET STREET ADDRESS CITY-ST-ZIP SPRING HILL FL 34608 CITY-ST-ZIP Detete TITLE TITLE ☐ Addition ☐ Change BARWICK, DAVID W NAME STREET ADDRESS 17444 CALDWELL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SPRING HILL FL 34610 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TUTLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12,2005

FILED