

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90213 027 ***150.00

DOCUMENT # P03000145882

1. Entity Name
A1 WELL DRILLING & PUMP REPAIR, INC.



Principal Place of Business Mailing Address
31602 SINGLETARY RD **31602 SINGLETARY RD**
MYAKKA CITY, FL 34251 **MYAKKA CITY, FL 34251**

14006274



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03152005 Chg-P CR2E034 (10/03)

City & State City & State

Zip Country Zip Country

4. FEI Number
90-0129535

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

DOUGLA, MARY ANN
31602 SINGLETARY RD
MYAKKA CITY, FL 34251

7. Name and Address of New Registered Agent

Name **DOUGAL, MARY ANN**
 Street Address (P.O. Box Number is Not Acceptable)
31602 SINGLETARY RD.
 City **MYAKKA CITY, FL** Zip Code **34251**

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	DOUGAL, BERNARD	
STREET ADDRESS	31602 SINGLETARY RD	
CITY-ST-ZIP	MYAKKA CITY, FL 34251	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DOUGAL, TIMOTHY E	
STREET ADDRESS	41055 STATE RD. 70 E.	
CITY-ST-ZIP	MYAKKA CITY, FL 34251	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DOUGAL, LEONARD B	
STREET ADDRESS	3099 LAKERIDGE DR.	
CITY-ST-ZIP	SARASOTA, FL 34237	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGAL TIMOTHY E	
STREET ADDRESS	1912 57TH STREET EAST	
CITY-ST-ZIP	BAADENTON, FL 34208	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGAL LEONARD B	
STREET ADDRESS	5324 VENTURA AVE.	
CITY-ST-ZIP	SARASOTA, FL 34235	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: Bernard Dougal **BERNARD DOUGAL** 04-25-2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #