


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 A
Secretary of State

DOCUMENT # P03000145882 1. Entity Name A1 WELL DRILLING & PUMP REPAIR, INC.	
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Principal Place of Business 31602 SINGLETARY RD MYAKKA CITY, FL 34251	Mailing Address 31602 SINGLETARY RD MYAKKA CITY, FL 34251
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03272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 90-0129535	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DOUGAL, BERNARD 31602 SINGLETARY RD MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DOUGAL, TIMOTHY E 1912 57TH ST E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DOUGAL, LEONARD B 5324 VENTURA AVE SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 05/10/07-80047-014 150.00

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.

SIGNATURE: Bernard Dougal **BERNARD DOUGAL** 4-23-07 941-322-1985
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #