


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90011 040 ***158.75

DOCUMENT # J25070 1. Entity Name B & B WELL DRILLING, INC.	
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Principal Place of Business % RICHARD, BEAZLEY H., I 1670 N. NOVA ROAD DAYTONA BEACH, FL 32117	Mailing Address % RICHARD, BEAZLEY H., I 1670 N. NOVA ROAD DAYTONA BEACH, FL 32117
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2701318	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEAZLEY, RICHARD H I
 56349 HICKORY RD (56405 Hickory Rd)
 ASTOR, FL 32102

DO NOT WRITE IN THIS SPACE

Change

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 *Richard H. Beazley Jr* DATE 1-7-04

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	P BEAZLEY, RICHARD H I 56405 HICKORY RD ASTOR, FL 32102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEAZLEY, WANDA 56405 HICKORY RD ASTOR, FL 32102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BEAZLEY, RICHARD H II 3790 CARRICK DR ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP BEAZLEY, CLAYTON E I 1670 N NOVA ROAD DAYTONA BEACH, FL 32117
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Wanda M. Beazley* WANDA M. Beazley DATE 1-7-04 1-386 2532341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #