

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J25070</b> 1. Entity Name <b>B &amp; B WELL DRILLING, INC.</b>	
--	---

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
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt #, etc.	Suite, Apt #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE      CR2E034 (10/06)

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

**6. Name and Address of Current Registered Agent**

**BEAZLEY, RICHARD H I**  
**56405 HICKORY RD**  
**ASTOR FL 32102**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** 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.

Richard H. Beazley II, D.P.
01/25/07

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, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P BEAZLEY, RICHARD H I	
NAME	56405 HICKORY RD	
STREET ADDRESS	ASTOR FL 32102	
CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete
NAME	BEAZLEY, WANDA	
STREET ADDRESS	56405 HICKORY RD	
CITY - ST - ZIP	ASTOR FL 32102	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BEAZLEY, RICHARD H II	
STREET ADDRESS	3790 CARRICK DR	
CITY - ST - ZIP	ORMOND BEACH FL 32174	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	BEAZLEY, CLAYTON E I	
STREET ADDRESS	1670 N NOVA ROAD	
CITY - ST - ZIP	DAYTONA BEACH FL 32117	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

U00000609410  
02/01/07-80049-004 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Richard H. Beazley II, D.P.      01/25/07      386-253-2241

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