2008 FOR PROFIT CORPORATION

Apr 09, 2008 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P06000148588 1. Entity Name HUSS DRILLING, INC. Principal Place of Business Mailing Address 35920 STATE ROAD 52 35920 STATE ROAD 52 DADE CITY, FL 33525 DADE CITY, FL 33525 No Chg-P CR2E034 (11/05) 01142008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 90-0293482 \$8.75 Additional 5. Certificate of Status Desired П 6. Name and Address of Current Registered Agent HUSS, ROBERT B DO NOT WRITE 35920 STATE RD 52 DADE CITY, FL 33525 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 Agen) signature required when reinstating) U000000887494 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 04/21/08-80022-016 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE HUSS, ROBERT B JR NAME STREET ADDRESS 35920 STATE ROAD 52 CITY - ST - ZIP DADE CITY, FL 33525 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

STREET ADDRESS CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352-547-2500

FILED