2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 16, 2004 08:00 AM **DOCUMENT #316641 Secretary of State** 1. Entity Name CROSBY WELL DRILLING, INC. Principal Place of Business Mailing Address 1936 HWY 60 W 1936 HWY 60 W P.O.BOX 1648 P.O.BOX 1648 LAKE WALES, FL 33853 LAKE WALES, FL 33859-1648 US 02102004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1201310 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent CROSBY, G.G., JR. DO NOT WRITE 2333 TIGER LAKE RD. LAKE WALES, FL 33853 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CROSBY, G.G. JR. NAME U00000053537 02/16/04-80135-015 150.00 2333 TIGER LAKE RD. STREET ADDRESS LAKE WALES, FL CITY-ST-ZIP VD CROSBY, JOHN P. HALAF STREET ADDRESS 2333 TIGER LAKE RD. CITY-ST-ZIP LAKE WALES, FL TITLE CROSBY, CAROL M. STREET ADDRESS 2333 TIGER LAKE RD. DO NOT WRITE LAKE WALES, FL CITY-ST-ZIP TITLE STD IN THIS SPACE CROSBY, CAROL M. NAME STREET ADORESS 2333 TIGER LAKE RD. CITY-ST-ZIP LAKE WALES, FL. TITLE NAME STREET ADDRESS CITY-ST-ZP

12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP