## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 09, 2005 08:00 AM DOCUMENT# 316641 **Secretary of State** 1. Entity Name CROSBY WELL DRILLING, INC. Mailing Address Principal Place of Business 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 CR2E034 (10/03) 02032005 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1201310 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Ø Fee Required 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 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. PD TITLE CROSBY, G.G. JR. NAME STREET ADDRESS 2333 TIGER LAKE RD. CITY-ST-ZIP LAKE WALES, FL U00000221332 02/09/05-80030-007 158.75 VD TITLE CROSBY, JOHN P. NAME STREET ADDRESS 2333 TIGER LAKE RD. LAKE WALES, FL CITY-ST-7IP STD TITLE CROSBY, CAROL M. NAME 2333 TIGER LAKE RD. STREET ADDRESS DO NOT WRITE LAKE WALES, FL CITY-ST-ZIP IN THIS SPACE STD TITLE CROSBY, CAROL M. NAME STREET ADDRESS 2333 TIGER LAKE RD. COY-ST-7IP LAKE WALES, FL TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 1 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 appears with all other like empowered.

SIGNATURE:

CITY-51-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP