

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 23, 2007 8:00 am
Secretary of State

03-06-2007 90002 019 ***150.00

DOCUMENT # 366452 1. Entity Name JOHNSON WELL EQUIPMENT, INC.																																																																																						
Principal Place of Business 8480 GULF BEACH HWY. PO BOX 3364 PENSACOLA, FL 32516			Mailing Address 8480 GULF BEACH HWY. PO BOX 3364 PENSACOLA, FL 32516																																																																																			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																																																																			
4. FEI Number 59-1314664			Applied For <input type="checkbox"/> Not Applicable																																																																																			
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required																																																																																			
6. Name and Address of Current Registered Agent JOHNSON, GARY 2617 SHERMAN AVENUE PENSACOLA, FL 32507			7. Name and Address of New Registered Agent Name Julius W. Davis Street Address (P.O. Box Number is Not Acceptable) 2822 Creekwood Drive City Cantonment FL Zip Code 32533																																																																																			
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 <u><i>Julius W. Davis</i></u> (NOTE: Registered Agent Signature required when reinstating) DATE <u>3-2-07</u>																																																																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																			
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">JOHNSON, GARY</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">8480 GULF BEACH HWY.</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%;">PENSACOLA, FL 00000,</td> </tr> <tr> <td>TITLE</td> <td>VST</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td>DAVIS, JULIUS</td> <td>STREET ADDRESS</td> <td>8480 GULF BEACH HWY.</td> <td>CITY - ST - ZIP</td> <td>PENSACOLA, FL 00000,</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Delete	NAME	JOHNSON, GARY	STREET ADDRESS	8480 GULF BEACH HWY.	CITY - ST - ZIP	PENSACOLA, FL 00000,	TITLE	VST	<input type="checkbox"/> Delete	NAME	DAVIS, JULIUS	STREET ADDRESS	8480 GULF BEACH HWY.	CITY - ST - ZIP	PENSACOLA, FL 00000,	TITLE		<input type="checkbox"/> Delete	NAME		STREET ADDRESS		CITY - ST - ZIP		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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 10%;">P</td> <td style="width: 10%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td style="width: 10%;">NAME</td> <td style="width: 10%;">2822 Creekwood Drive</td> <td style="width: 10%;">STREET ADDRESS</td> <td style="width: 10%;">Cantonment, FL 32533</td> <td style="width: 10%;">CITY - ST - ZIP</td> <td style="width: 10%;">PENSACOLA, FL 32533</td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	2822 Creekwood Drive	STREET ADDRESS	Cantonment, FL 32533	CITY - ST - ZIP	PENSACOLA, FL 32533	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	
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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: <u><i>Julius W. Davis</i></u> DATE <u>3-16-07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																						