


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 08:00 AM
Secretary of State

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|---|--|--|--|--|--|
| DOCUMENT # 370830 1. Entity Name POOLE DRILLING CO., INC. | | | |  | |
| Principal Place of Business 414 KEENE ROAD LARGO FL 33771 | | | Mailing Address 414 KEENE ROAD LARGO FL 33771 | | |
| 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 59-1320390 | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Addition Fee Required | | |
| 6. Name and Address of Current Registered Agent MCFARLAND, DONALD O 311 SOUTH MISSOURI AVE CLEARWATER FL 33516 | | | 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 am the obligations of registered agent. | | | | | |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| 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 Ma Trust Fund Contribution <input type="checkbox"/> Added to F | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D POOLE, BILLIE 414 KEENE ROAD LARGO FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD POOLE, DENNIS L 10510 127 AVE N LARGO FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 03/15/07-80008-017 <input type="checkbox"/> Cha | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD POOLE, RICKY G 106 1 AVE NE LARGO FL <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes, and that my signature shall have the same legal effect as if it were the signature of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and if changed, or on an attachment with an address, with all other like empowered.