## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

Principal Place of Business A14 KEENE ROAD LARGO FL 33771  2. Principal Place of Business - No P.O Box # 3. Mailing Address Sutto, Apt. 4, otc. 1st MOORE CR2E034 (10/06)  City & Stato City & Stato City & Stato Country S. Certificate of Status Desired Required  S. Name and Address of Current Registered Agent Name  MCFARLAND, DONALD O 311 SOUTH MISSOURI AVE CLEARWATER FL 33516  8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, received or princed current or registered registered Agent end toler approache. (NOTE: Registered Agent end princed when refinabling)  PLE NOW!!! FEE IS \$150.00  9. Election Campaign Financing \$5.00 has followed.		ANNUAL	Secretary of State					
Principal Place of Business  414 KEENE ROAD LARGO FL 33711  2. Principal Place of Business - No P.O. Box #   5. Mailing Address    Sullo, Apt. 4. olc.   1st MOORE   CR2E034 (10/06)  Inc. Application of Status Desired   2st Moore   2st	DOCUMENT # 370830  1. Enlity Namo							
### KEENE ROAD LARGO FL 33771  ### LARGO FL 33	POOLE	DRILLING CO., INC.						
2. Principal Place of Business I No P.O. Box # 3. Mailing Address  Sullo, Apt. 4, old.	Principal Pla	ece of Business		2				
Sulfo, Apt. 4, old:  Sulfo, Apt. 4, old:  Sulfo, Apt. 4, old:  Cloy & State  Cloy & St								
Substitution of the property of the purpose of changing its registered agent. Only it is continued agent. The above named entity submits this statement for the purpose of changing its registered difference agent. The above named entity submits this statement for the purpose of changing its registered difference agent. The above named entity submits this statement for the purpose of changing its registered difference registered agent. On both in the State of Florida. I am familiar with, and the obligations of registered agent age	2. Principal	Place of Business - No P.O Box #	3. Mailing Address					
City & State    Country   Zip   Country   Zip   Country   Zip   Country   States Costing   S8.75 Addition	Suite, Apt. #, olc.		Suito, Apt. #, etc.			1st MOORE	CR2E034	·
8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  MCFARLAND, DONALD  311 SOUTH MISSOURI AVE CLEARWATER FL 33516  City  FL Zp 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 lamillar with, and the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and the obligations of registered agent, or both, in the State of Florida. I am lamillar with, and the obligation of registered agent, or both, in the State of Florida. I am lamillar with, and the obligation of registered agent, or both, in the State of Florida. I am lamillar with, and the obligation of registered agent, or both, in the State of Florida. I am lamillar with, and the obligation of registered agent, or both, in the State of Florida. I am lamillar with, and the obligation of Florida Plantanian of Florida Plant	City & St	alo	City & State			4. FEI Number 59-1320390	)	Applie Not Ap
MCFARLAND, DONALD O 311 SOUTH MISSOURI AVE CLEARWATER FL 33516  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Friorida. I am familiar with, and the obligations of registered agent, or both, in the State of Friorida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, riced or pressure of registered agent and the Approaches.  PLE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILL POOLE, BILLIE  POOLE, BILLIE  ARGO FL  UTINITY OF A DOTTIONS/CHANGES TO OFFICERS AND DIRECTORS TO SIGNATURE  POOLE, DENNIS L  SIRET ADDRESS  OTY -ST- //P  POOLE, RICKY G  MAKE	Zıp	Country	Zip	Country	÷	5. Certificate of Status Desired		
MCFARLAND, DONALD O 311 SOUTH MISSOURI AVE CLEARWATER FL 33516  City FL Zip Code City FL Zi		6. Name and Address of Curre	ent Registered Agent		Namo	7. Name and Address of New Ro	gistered A	gent
CLEARWATER FL 33516  City	МС	CFARLAND, DONALD O		}		P.O. Ray Number is Not Accontable		
8. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  Signature, noted a preter rame of registered agent and later vasiocable.  NOTE Registered Agent is grature recursed when refinalizing)  DATE  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee Will Be \$550.00  After May 1, 2007 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  19. Election Campaign Financing Trust Fund Contribution Added to Make Check Payable to Florida Department of State  POOLE, BILLIE  POOLE, BILLIE  LARGO FL  POOLE, DENNIS L  SIRET JADDRESS  CITY-SI-JP  LARGO FL  Detele  ITILE  NAME  POOLE, DENNIS L  SIRET JADDRESS  CITY-SI-JP  Detele  ITILE  NAME  POOLE, RICKY G  Detele  ITILE  NAME  POOLE, RICKY G  Detele  ITILE  NAME  POOLE, RICKY G  Detele  ITILE  NAME  SIRET JADDRESS  CITY-SI-JP  Detele  ITILE  NAME  SIRET JADDRESS  CITY-SI-JP  Detele  ITILE  NAME  SIRET JADDRESS  CITY-SI-JP  ITILE  NAME  SIRET JADDRESS  CITY-SI-JP  Detele  TITLE  NAME  SIRET JADDRESS  CITY-SI-JP  SIRET JADDRESS  CITY-SI-JP  Detele  TITLE  NAME  SIRET JADDRESS  CITY-SI-JP  SIRET JADDRESS  CITY-SI-JP  Detele  TITLE  NAME  SIRET JADDRESS  CITY-SI-JP  Detele  TITLE  NAME  SIRET JADDRESS  CITY-SI-JP  SIRET JADDRESS  CITY-SI-JP  Detele  TITLE  NAME  SIRET JADDRESS  CITY-SI-JP  SIRET JADDRESS  CITY-SI-JP  Detele  TITLE  NAME  SIRET JADDRESS  CITY-SI-JP  SIRET JADDRESS  CITY-SI-JP  Detele  TITLE  NAME  SIRET JADDRESS  CITY-SI-JP  DETELE  TITLE  SIRET JADDRESS  CITY-SI-JP  SIRET JADDRESS  CITY-SI-J	31 CL	1 SOUTH MISSOURI AVE EARWATER FL 33516		}_	olicel Address (i	F.O. BOX Number is Not Acceptable		
SIGNATURE  Signature, revised correct degree of magnetical spark and lever approaching.  FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TILL  POOLE, BILLIE  INSERT ADDRS S  BIRET ADDRS S  CITY-ST- IP  Delete  POOLE, COLE, COL				}_	City		FL	Zip Code
SIGNATURE    Squalus, rysed or printed norm of registered spark and kept registable.   NOTE: Registered Agent agreet agreet and when remarkery)   DATE			it for the purpose of changing i	its registered	office or registere	ed agent, or both, in the State of Flor	ida, I am fa	miliar with, and
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME SIREEI ADDRESS CITY-ST-7P UNITE POOLE, BILLIE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE NAME SIREEI ADDRESS CITY-ST-7P  NAME POOLE, BILLIE 10. OFFICERS AND DIRECTORS IN THE NAME SIREEI ADDRESS CITY-ST-7P  NAME DOOLE, DENNIS L 10. SIREEI ADDRESS CITY-ST-7P  NAME DOOLE, DENNIS L 10. SIREEI ADDRESS CITY-ST-7P  NAME DOOLE, DENNIS L 10. SIREEI ADDRESS CITY-ST-7P  NAME DOOLE, RICKY G 10. SIREEI ADDRESS CITY-ST-7P  NAME SIREEI ADD	_							
After May 1, 2007 Fee Will Be \$550.00  Make Check Payable to Florida Department of State  10.	OIGIVA/ONE	Signature, typed or printed name of registered ag	park and title / applicable. (NC	OTE: Registered Ag	ent signature required v	when reinstating)	DATE	
TILL D OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MAKE SIRVER ADDRESS CITY-ST-7IP COLOR STORY STO	After	May 1, 2007 Fee Will Be \$550.				9. Election Campaig Trust Fund Contr	gn Financing Ibution.	
MAME SIREEL ADDRESS CITY-SI-ZIP  POOLE, BILLIE 414 KEENE ROAD LARGO FL  UDUITOUSST715 Character LARGO FL  UDUITOUSST715 Character MAME SIREEL ADDRESS CITY-SI-ZIP  Delete  MILE MAME MAME MAME MAME MAME MAME MAME MA	10.		ND DIRECTORS	11.		ADDITIONS/CHANGES TO OFFIC	ERS AND D	DIRECTORS IN
SIPEET ADDRESS CITY-ST-ZIP  JULIOU DESCRIPTION LARGO FL  JULIOU DESCRIPTIO		[ -	Delete	<b>3</b>	}		(	Change
POOLE, DENNIS L 10510 127 AVE N LARGO FL  POOLE, RICKY G 1061 AVE NE LARGO FL  Delete  IIILE MAME SIREET ADDRESS CITY-SI-7IP  IIILE MAME MAME SIREET ADDRESS CITY-SI-7IP  IIILE MAME MAME SIREET ADDRESS CITY-SI-7IP  IIILE MAME SIREET ADDRESS CITY-SI-7IP		1		STREET AL	}			
STREET ADDRESS CITY-SI-7IP LARGO FL  STREET ADDRESS CITY-SI-7IP  PD Delete Diffle NAME NAME NAME SIREET ADDRESS CITY-SI-7IP  INTLE NAME SIREET ADDRESS CITY-SI-7IP		i -	☐ Delete	nite		<u> </u>	715 [	□ Char
CITY-SI-7IP  INVE PD INVE POOLE, RICKY G INMAN SIREET ADDRESS INV-SI-7IP INVE LARGO FL  CITY-SI-7IP INVE INVE INVERTABLE INV-SI-7IP INVE INVE INVE INVE INVE INVE INVE INVE		1			naree	U37157U7-8UI	JUB-017	11
INV-ST-ZIP  THE AMAGE  INTEL AMAGE  I	CITY-ST-ZIP	LARGO FL			}			
SHEET ADDRESS CITY-ST-ZIP LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP  LARGO FL  SHEET ADDRESS CITY-ST-ZIP		1 · =	☐ Delete					
ANTE  AMME  IPFEL ADDRESS  IPF SI - ZIP  AME  IPFEL ADDRESS  IPF SI - ZIP  ILLE  AME  IPFEL ADDRESS  IPF SI - ZIP  ILLE  AME  IPFEL ADDRESS  IPF SI - ZIP  ILLE  IPFEL ADDRESS  IPF SI - ZIP		1			DRESS {			
AME IPEEL ADDRESS ITY-SI-7IP  Delete THLE AME IREE I ADDRESS CITY-SI-7IP  ILC MARE REET ADDRESS TY-SI-7IP  Delete TITLE NAME STREET ADDRESS CITY-SI-7IP  ILC MARE REET ADDRESS TY-SI-7IP  TITLE NAME STREET ADDRESS TY-SI-7IP  TITLE NAME STREET ADDRESS TY-SI-7IP  TITLE NAME STREET ADDRESS TY-SI-7IP		LARGO FL			· ·			
STREET ADDRESS ANY - ST-7IP  STREET ADDRESS CITY - ST-7IP  THE NAME IFFEET ADDRESS CITY - ST-7IP  THE NAME STREET ADDRESS CITY - ST-7IP  THE NAME STREET ADDRESS CITY - ST-7IP  THE NAME STREET ADDRESS TY-ST-7IP  THE NAME STREET ADDRESS TY-ST-7IP  THE NAME STREET ADDRESS TY-ST-7IP			Delete					
THE Delete THE NAME IREE I ADDRESS ITY-SI-7/IP  THE NAME STREE I ADDRESS CITY-51-7/IP  THE NAME INTEL	IRFET ADDRESS				ORESS			
AME  AME  IFRE I ADDRESS  ITY - ST - ZIP  TLE  AME  REEI ADDRESS  SIREEI ADDRESS  SIREEI ADDRESS  SIREEI ADDRESS  TY - ST - ZIP  TILE  NAME  SIREEI ADDRESS  SIREEI ADDRESS  CITY - ST - ZIP				<del></del>	IP			
STREET ADDRESS  JITY - ST - ZIP  TULE  AME  REET ADDRESS  STREET ADDRESS  CITY - ST - ZIP  TITLE  NAME  STREET ADDRESS  STREET ADDRESS  CITY - ST - ZIP	1		LJ Delete	4	{	7		
AME AME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP	ſ				Į			
RIET ADDRESS SIREET ADDRESS CITY-ST-ZIP	ļ		☐ Delele					
TY-SI-7/P	i				RFSS			
2. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florid indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if, if of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; as if changed, or on an attachment with an address, with all other like empowered.	}			CITY-ST-ZI	P			
of the corporation or the receiver or trustee empowered to execute this roport as required by Chapter 607, Florida Statutes; as if changed, or on an attachment with an address, with all other like empowered.	2. I hereby co	ertify that the information supplied wi	ith this liling does not qualify f	for the exemp	tions contained i	In Section 119. Florid		
· · · · · · · · · · · · · · · · · · ·	of the corp if changed	poration or the receiver or trustee em t, or on an attachment with an address	powered to execute this ropor ss, with all other like empower	rt as required red.	by Chapter 607,	Florida Statutes; ar		