2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 26, 2005 08:00 AM Secretary of State **DOCUMENT # 400936** 1. Entity Name J.E. CHILDERS DRILLING, INC. Principal Place of Business 💆 Mailing Address 9744 SW 156 COURT 10711 S.W. 104TH STREET MIAMI FL 33176 MIAMI FL 33196 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 59-1399477 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NACCARATO, NAT Street Address (P.O. Box Number is Not Acceptable) 10711 S.W. 104 STREET **MIAMI FL 33176** 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 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD Delete MILE TITLE ☐ Addition Change CHILDERS, JAMES E NAME U00000333165 04/26/05~80085-025 150.00 STREET ADDRESS 9744 SW 156 COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY - ST - ZIP Delete TITLE TITLE ☐ Change Addition CHILDERS, MARJORIE H NAME STREET ADDRESS 9744 SW 156 COURT SERFELADORESS MIAMI FL 33196 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CDY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP TITLE Delete TITLE Change Admii. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), 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 ii changed, or on an attachment with an address, with all other like empowered.

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