## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 08, 2008 08:00 Al 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 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-1399477 Not Applicable Zip Country Zφ 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 MIAM! FL 33176 City Zip Code FL 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. Signiture, typed or cretted name of registered agent and the flat plicable (NOTE: Registered Agont a grinture required when reinstaling) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Derete Change ☐ Addition U00000886726 CHILDERS, JAMES E NAME NAME n4/18/08-80066-016 150.00 STREET ADDRESS 9744 SW 156 COURT STREET ADDRESS MIAMI FL 33196 City-St-7IP CITY-ST-ZIP TITLE ST ☐ Defele ☐ Change ☐ Addition NAME CHILDERS, MARJORIE H STREET ADDRESS 9744 SW 156 COURT STREET ADDRESS CITY-ST-ZIP MIAMI FL 33196 CITY-ST-ZIP TITLE ☐ Derete TITLE Change ☐ Addition MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1134 F ☐ Derete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP CITY ST-ZIP TITLE De ete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$1-ZIP CITY-ST-ZIP TITLE ☐ De ete TITLE ☐ Change Addition . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

(305)598-2276

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