


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90096 031 \*\*\*150.00

<b>DOCUMENT # 465226</b> 1. Entity Name <b>PARTRIDGE WELL DRILLING COMPANY, INC.</b>					
Principal Place of Business <b>4744 COLLINS RD ORANGE PARK FL 32073-2023 US</b>				Mailing Address <b>3233 HWY 17 SOUTH ORANGE PARK FL 32003-7115 US</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1564237</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>PARTRIDGE, DONAL MERRITT, JR. 4744 COLLINS ROAD ORANGE PARK FL 32073</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	ST	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALDERSON LINDA LOUISE		NAME		
STREET ADDRESS	18886 OSPREY BLUFF BLVD		STREET ADDRESS	4744 Collins Road	
CITY-ST-ZIP	ORANGE PARK FL 32003		CITY-ST-ZIP	Orange Park, FL 32073-2023	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARTRIDGE, MARGARET BLK		NAME		
STREET ADDRESS	3233 HWY 17 S		STREET ADDRESS	4744 Collins Road	
CITY-ST-ZIP	ORANGE PARK FL 32003		CITY-ST-ZIP	Orange Park, FL 32073-2023	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARTRIDGE JR DONAL MERRITT		NAME		
STREET ADDRESS	3125 CREIGHTON FOREST RD		STREET ADDRESS	4744 Collins Road	
CITY-ST-ZIP	ORANGE PARK FL 32003		CITY-ST-ZIP	Orange Park, FL 32073-2023	
TITLE	PART	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIDGE, DONAL MERRITT		NAME		
STREET ADDRESS	60 OLD HARD ROAD		STREET ADDRESS	4744 Collins Road	
CITY-ST-ZIP	ORANGE PARK FL 32003		CITY-ST-ZIP	Orange Park, FL 32073-2023	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOHA, DIANE		NAME		
STREET ADDRESS	2120 FLINTLOCK CT		STREET ADDRESS	4744 Collins Road	
CITY-ST-ZIP	GREEN COVE SPRINGS FL 32043		CITY-ST-ZIP	Orange Park, FL 32073-2023	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARTRIDGE, MARGARET BLK		NAME		
STREET ADDRESS	3233 HWY 17 S		STREET ADDRESS	4744 Collins Road	
CITY-ST-ZIP	ORANGE PARK, FL 0		CITY-ST-ZIP	Orange Park, FL 32073-2023	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Margaret B Partridge</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>Margaret B Partridge</b> 904 269-1333 <small>Date Daytime Phone #</small>		
			<i>April 21, 2004</i>		