

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90232 026 ***150.00

DOCUMENT # 465226

1. Entity Name

PARTRIDGE WELL DRILLING COMPANY, INC.



Principal Place of Business

4744 COLLINS RD
ORANGE PARK FL 32073-2023
US

Mailing Address

3233 HWY 17 SOUTH
ORANGE PARK FL 32003-7115
US

2. Principal Place of Business

3. Mailing Address

4744 Collins Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orange Park FL

Zip

Country

Zip

32073

Country

Duval

4. FEI Number

59-1564237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARTRIDGE, DONAL MERRITT, JR.
4744 COLLINS ROAD
ORANGE PARK FL 32073

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 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

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ST ☐ Delete
NAME: ALDERSON LINDA LOUISE
STREET ADDRESS: 4744 COLLINS ROAD
CITY-ST-ZIP: ORANGE PARK FL 32073-2023

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: VP ☐ Delete
NAME: PARTRIDGE, MARGARET BLK
STREET ADDRESS: 4744 COLLINS ROAD
CITY-ST-ZIP: ORANGE PARK FL 32073-2023

TITLE: ☒ Change ☐ Addition
NAME: ☒ Change ☐ Addition
STREET ADDRESS: Collins Road
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: PD ☐ Delete
NAME: PARTRIDGE, DONAL MERRITT JR
STREET ADDRESS: 4744 COLLINS ROAD
CITY-ST-ZIP: ORANGE PARK FL 32073-2023

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: PART ☐ Delete
NAME: RIDGE, DONAL MERRITT
STREET ADDRESS: 4744 COLLINS ROAD
CITY-ST-ZIP: ORANGE PARK FL 32073-2023

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: SOHA, DIANE
STREET ADDRESS: 4744 COLLINS ROAD
CITY-ST-ZIP: ORANGE PARK FL 32073-2023

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: D ☐ Delete
NAME: PARTRIDGE, MARGARET BLK
STREET ADDRESS: 4744 COLLINS ROAD
CITY-ST-ZIP: ORANGE PARK FL 32073-2023

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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.

SIGNATURE: Linda Alderson Linda Alderson 4/20/2005 904 269-1333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #