## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 465226**

FILED Mar 30, 2007 Secretary of State

Entity Name: PARTRIDGE WELL DRILLING COMPANY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

4744 COLLINS RD

ORANGE PARK, FL 320732023 US

**Current Mailing Address: New Mailing Address:** 

4744 COLLINS RD

ORANGE PARK, FL 320732023 US

FEI Number: 59-1564237 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARTRIDGE, DONAL MERRITT, JR. 4744 COLLINS ROAD

4744 COLLINS RÓAD ORANGE PARK, FL 32073 ORANGE PARK, FL 32073 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

PARTRIDGE, JR., DONAL MERRITT

in the State of Florida.

SIGNATURE: DONAL M PARTRIDGE, JR. 03/30/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

ALDERSON, LINDA L ALDERSON, LINDA P Name: Name: 4744 COLLINS ROAD 4744 COLLINS ROAD Address: Address:

City-St-Zip: ORANGE PARK, FL 320732023 City-St-Zip: ORANGE PARK, FL 320732023

Title: VΡ Title: () Delete () Change () Addition

Name: PARTRIDGE, MARGARET B Name: 4744 COLLINS ROAD Address: Address: ORANGE PARK, FL 320732023 City-St-Zip: City-St-Zip:

Title: Title: PRES ( ) Delete PRFS (X) Change ( ) Addition PARTRIDGE, DONAL MERRITT JR PARTRIDGE, JR, DONAL MERRITT Name: Name:

4744 COLLINS ROAD 4744 COLLINS ROAD Address: Address:

City-St-Zip: ORANGE PARK, FL 320732023 City-St-Zip: ORANGE PARK, FL 320732023

Title: (X) Delete Title: () Change () Addition

SOHA, DIANE Name: Name: Address: 4744 COLLINS ROAD Address: City-St-Zip: ORANGE PARK, FL 320732023 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA P ALDERSON ST 03/30/2007