

**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**



**DOCUMENT # 492427**

1. Entity Name: **CENTRAL FLORIDA WELL DRILLERS, INC.**

2. Principal Place of Business: **3720 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804**

3. Mailing Address: **3720 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804**

4. FEI Number: **59-1635347** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent: **STEWART, DAVID A 3720 N. ORANGE BLOSSOM TRAIL ORLANDO FL 32804**

7. Name and Address of New Registered Agent: Name \_\_\_\_\_ Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_ City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. I, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**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	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	STEWART, DAVID A.	NAME	
STREET ADDRESS	3720 N ORANGE BLOSSOM TRAIL	STREET ADDRESS	U00000396774
CITY-STATE-ZIP	ORLANDO FL	CITY-STATE-ZIP	01/30/06-80021-025 150.00
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	STEWART, JOHN	NAME	
STREET ADDRESS	3720 N. ORANGE BLOSSOM	STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	CITY-STATE-ZIP	
TITLE	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	STEWART, DAVID A JR	NAME	
STREET ADDRESS	3720 N ORANGE BLOSSOM TRAIL	STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

12. I hereby 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 contained 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 unchanged, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *David A. Stewart* David A. Stewart 01/19/06 407 293-7381