

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90013 047 ***150.00

DOCUMENT # 820265

1. Entity Name

MCKINNEY DRILLING COMPANY



Principal Place of Business

1715 S. UNIVERSITY DR.
P.O. BOX 1000
NACOGDOCHES TX 75961-6875

Mailing Address

1715 S. UNIVERSITY DR.
P.O. BOX 1000
NACOGDOCHES TX 75961-6875

2. Principal Place of Business

1130 Annapolis Rd

Suite, Apt. #, etc.

Suite 202

City & State

Odenton, MD

Zip

21113

Country

3. Mailing Address

PO Box 5005

Suite, Apt. #, etc.

City & State

Odenton, MD

Zip

21113

Country

4. FEI Number

75-1236157

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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, 2004 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

TITLE P ☐ Delete
NAME CLOUD, GEORGE
STREET ADDRESS 1265 BLAIRS BRIDGE ROAD
CITY-ST-ZIP LITHIA SPRINGS GA 30122

TITLE VP ☐ Delete
NAME MAHER, BILL
STREET ADDRESS RT 22, 2 MILES EAST OF RT 66
CITY-ST-ZIP DELMONT PA 15626

TITLE S ☐ Delete
NAME YALE, RICK
STREET ADDRESS 1130 ANNAPOLIS ROAD #202
CITY-ST-ZIP ODENTON MD 21113

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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:

Brian S. Wood
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/04

410 874-1235