

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02618

FILED
Jan 09, 2007
Secretary of State

Entity Name: ALLEN'S WELL DRILLING, INC.

Current Principal Place of Business:

HIGHWAY 42-E & S.R. 19
P. O. BOX 130
ALTOONA, FL 32702

New Principal Place of Business:

Current Mailing Address:

HIGHWAY 42-E & S.R. 19
P. O. BOX 130
ALTOONA, FL 32702

New Mailing Address:

FEI Number: 59-2035068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HATFIELD, MICHAEL H.
545 N. UMATILLA BLVD.
UMATILLA, FL 33784 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HARDWICKE, EDWARD ALLEN
Address: 27255 SE HWY 42
City-St-Zip: UMATILLA, FL

Title: DT () Delete
Name: HARDWICKE, CHLOE,
Address: 27255 SE HWY 42
City-St-Zip: UMATILLA, FL

Title: DV () Delete
Name: HARDWICKE, REGGIE C
Address: 19310 DORR RD.
City-St-Zip: ALTOONA, FL 32702

Title: DS () Delete
Name: HARDWICKE, STACY L
Address: 19310 DORR RD.
City-St-Zip: ALTOONA, FL 32702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: STACY L. HARDWICKE

DS

01/09/2007

Electronic Signature of Signing Officer or Director

_____ Date