


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000002550</b> 1. Entity Name <b>COUNTIES DRILLING CORPORATION</b>	
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Principal Place of Business <b>2290 BUTLER PIKE PLYMOUTH MEETING, PA 19462</b>	Mailing Address <b>2290 BUTLER PIKE PLYMOUTH MEETING, PA 19462</b>
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**DO NOT WRITE IN THIS SPACE**



03032004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>73-1422611</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
  
**BLANTON, EDWIN F  
825 THOMASVILLE ROAD  
TALLAHASSEE, FL 32303**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature typed or printed name of registered agent and title if applicable \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P DANELLA, JAMES D 2290 BUTLER PIKE PLYMOUTH MEETING, PA 19462</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T DALY, DENNIS P 2290 BUTLER PIKE PLYMOUTH MEETING, PA 19462</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V BONNER, BERNARD J 2290 BUTLER PIKE PLYMOUTH MEETING, PA 19462</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S DANELLA, JAMES D 2290 BUTLER PIKE PLYMOUTH MEETING, PA 19462</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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 individuals empowered.

SIGNATURE:  **4/28/04** **610-828-6200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_