

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G59082

FILED
Jan 13, 2004
Secretary of State

Entity Name: ALL TERRAIN DRILLING, INC.

Current Principal Place of Business:

RT. 1, BOX 507, COUNTY RD 229
P.O. BOX 506
RAIFORD, FL 32083

New Principal Place of Business:

ALL TERRAIN DRILLING INC.
RT 1 BOX 507, COUNTY RD 229
LAKE BUTLER, FL 32054 US

Current Mailing Address:

RT. 1, BOX 507, COUNTY RD 229
P.O. BOX 506
RAIFORD, FL 32083

New Mailing Address:

ALL TERRAIN DRILLING INC.
P.O. BOX 506
RAIFORD, FL 32083 US

FEI Number: 59-2318417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOODY, WILLIAM J.
CR 229 SOUTH
RAIFORD, FL

Name and Address of New Registered Agent:

MOODY, WILLIAM
RT 1 BOX 507
LAKE BUTLER, FL 32054 US

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: WILLIAM J. MOODY

01/13/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOODY, WILLIAM J.,
Address: RT. 1, BOX 507, CTYRD229
City-St-Zip: RAIFORD, FL

Title: V () Delete
Name: MOODY, WILLIAM C
Address: RT 1 BOX 507 CR 229
City-St-Zip: RAIFORD, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MOODY, WILLIAM J
Address: RT. 1, BOX 507, CTYRD229
City-St-Zip: RAIFORD, FL 32054 US

Title: V (X) Change () Addition
Name: MOODY, WILLIAM C
Address: RT 1 BOX 507 CR 229
City-St-Zip: RAIFORD, FL 32054 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM J. MOODY

PRES

01/13/2004

Electronic Signature of Signing Officer or Director

Date