2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 12, 2006 08:00 AM Secretary of State

DOCUMENT # G59082

1. Entity Name

ALL TERRAIN DRILLING, INC.



Principal Place of Business

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

ALL TERRAIN DRILLING INC. P.O. BOX 506

RAIFORD, FL 32083



DO	NOT	WRITE	IN THIS	SPACE
	141.31	44 1 1 1 1		LJEMLE

CR2E034 (11/05) 01052006 No Chg-P

4. FEI Number 59-2318417

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE

			IN THIS SPACE				
	named entity submits this statement for the plons of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and title	i applicable. [NOTE: Registered	Agent signature	required when reinstating)	DATE	1	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTÓRS				į	
TITLE NAME STREET ADDRESS CITY-ST-ZUP	PRES MOODY, WILLIAM J RT. 1, BOX 507, CTYRD229 RAIFORD, FL 32054	· ·-		•	400000383999 01/13/06-80024-005 158.75		
RILE NAME STREET ADDRESS CITY-ST-ZIP	V MOODY, WILLIAM C RT 1 BOX 507 CR 229 RAIFORD, FL 32054				10.000 1001		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				in '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
DILE NAME							

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 fusite 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: ____

STREET ADDRESS CATY-ST-ZIP