
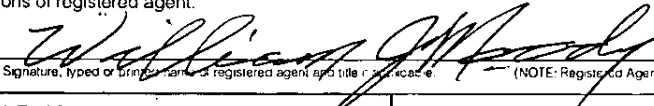


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

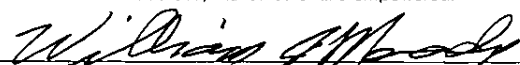
FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90092 032 ***158.75

DOCUMENT # G59082			
1. Entity Name ALL TERRAIN DRILLING, INC.			
911 address		night	
Principal Place of Business ALL TERRAIN DRILLING INC. RT 1 BOX 507, COUNTY RD 229 LAKE BUTLER FL 32054 US 11678 County Rd 229 Raiford		Mailing Address ALL TERRAIN DRILLING INC. P.O. BOX 506 RAIFORD FL 32083 US	
2. Principal Place of Business - No P.O. Box # ALL TERRAIN DRILLING INC		3. Mailing Address ALL TERRAIN DRILLING INC	
Suite, Apt. #, etc. 11678 County Rd 229		Suite, Apt. #, etc. P.O. Box 506	
City & State Raiford, Florida		City & State Raiford, Florida	
Zip 32083	Country united	Zip 32083	Country united
6. Name and Address of Current Registered Agent MOODY, WILLIAM RT 1 BOX 507 LAKE BUTLER FL 32054 NEW ADDRESS 23701 NE 116th Path Raiford, Fla		7. Name and Address of New Registered Agent Name: Moody William Street Address (P.O. Box Number is Not Acceptable) 23701 NE 116 Path Raiford Florida City: FL Zip Code: 32083	
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 in parentheses. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES MOODY, WILLIAM J RT. 1, BOX 507, CTYRD229 RAIFORD FL 32054 23701 NE 116th Path Raiford	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MOODY, WILLIAM C RT 1 BOX 507 CR 229 RAIFORD FL 32054	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #