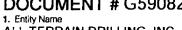
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # G59082 ALL TERRAIN DRILLING, INC.

FILED Feb 25, 2008 08:00 AN Secretary of State





Principal Place of Business

11678 COUNTY RD 229 RAIRFORD **ALL TERRAIN DRILLING INC** RAIFORD, FL 32083 US

Mailing Address

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



01092008

No Chg-P

CR2E034 (11/05)

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 23701 NE 116 PATH RAIFORD, FL 32083

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	named entity submits this statement for the $\ensuremath{\rho}$ tions of registered agent.	ourpose of changing its registere	ed office or registered	agent, or bot	th, in the State of Florid	a. I am familiar with, and acce	pt
SIGNATURE.	Signature, typed or printed name of registered agent and title	d Agent signature required whe	n reinstating)	DATE			
FILE NOW!!! FEE IS \$150,00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. Added to Fees		May Be to Fees			
10.	OFFICERS AND DIREC	CTORS	para e para e la como de la como		THE ASSESSMENT ASSESSMENT	· , 4 ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MOODY, WILLIAM J 23701 NE 116TH PATH RAIFORD, FL 32054		· · · · · ·	••			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MOODY, WILLIAM C RT 1 BOX 507 CR 229 RAIFORD, FL 32054				U0000083 03/04/08-80	6616 024-016 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WE	RITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			*				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, , ,				
12. I hereby certify that the information supplied with this filing 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 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.							