2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G84121

Address:

City-St-Zip:

FILED Jan 31, 2006 Secretary of State

Entity Name: MIZELL V	WELL DRILLING, INC.			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
2527 JIMMY CONNER P BRYCEVILLE, FL 32009				
Current Mailing Address:		New Mailing Address	New Mailing Address:	
P.O. BOX 1957 CALLAHAN, FL 32011	US			
FEI Number: 59-2375332	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
MUMFORD, HARRY J 2527 JIMMY CONNER P BRYCEVILLE, FL 32009				
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic Signature of Registered Agent		ent	Date	
Election Campaign Financing	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	

Title: Title: (X) Change () Addition () Delete MUMFORD, HARRY J MUMFORD, HARRY J Name: Name: 2527 JIMMY CONNER PLACE 2527 JIMMY CONNER PLACE Address: Address: City-St-Zip: BRYCEVILLE, FL 32009 City-St-Zip: BRYCEVILLE, FL 32009 US Title: () Delete Title: (X) Change () Addition Name:

MUMFORD, MELISSA D.

2527 JIMMY CONNER PLACE
BRYCEVILLE, FL 32009

Name: MUMFORD, MELISSA D.

2527 JIMMY CONNER PLACE
City-St-Zip: BRYCEVILLE, FL 32009 US

Title: S () Change (X) Addition

 Name:
 Name:
 THOMPSON, JOHN W

 Address:
 Address:
 RT. 3 BOX 1162E

 City-St-Zip:
 City-St-Zip:
 FOLKSTON, GA 31537 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MELISSA D. MUMFORD VP 01/31/2006