

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # H58021

1. Entity Name
FLORIDA WELL DRILLING, INC.



Principal Place of Business
1191 SANDUSKY ST., SE
PALM BAY, FL 32909-5861

Mailing Address
1191 SANDUSKY ST., SE
PALM BAY, FL 32909-5861



02022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2650066

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBA, FRANCISCO
1191 SANDUSKY ST.
PALM BAY, FL 32907

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IN THIS SPACE

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 of the registered agent or the person authorized to sign this report as agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
P
ALBA, FRANCISCO
1191 SANDUSKY ST SE
PALM BAY, FL 329095861

TITLE
NAME
STREET ADDRESS
CITY ST ZIP
ST
ALBA, ROSA
1191 SANDUSKY ST SE
PALM BAY, FL 329095861

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

U00000428515
02/21/06-80048-018 150.00

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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.

SIGNATURE: Rosa Alba S/T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-3-06 321-725-1809