2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H79552

Entity Name: CANNON'S WELL DRILLING, INC.

FILED Feb 12, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

% THEODORE M. BURT
114 NORTHEAST FIRST STREET
114 NORTHEAST FIRST STREET
TRENTON, FL 32693 US

TRENTON, FL 32693

Current Mailing Address: New Mailing Address:

% THEODORE M. BURT

114 NORTHEAST FIRST STREET

POST OFFICE BOX 308

TRENTON, FL 32693 US

TRENTON, FL 32693

FEI Number: 59-2586709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BURT, THEODORE M ESQ
114 NORTHEAST FIRST STREET
POST OFFICE BOX 308
TRENTON, FL 32693 US

BURT, THEODORE M ESQ
114 NORTHEAST FIRST STREET
TRENTON, FL 32693 US

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.

SIGNATURE: THEODORE M. BURT 02/12/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: UPD () Delete Title: VPD (X) Change () Addition

 Name:
 CONNON, SR, JAMES H
 Name:
 CANNON, JAMES H SR

 Address:
 1460 NW CR 313
 Address:
 1460 NW CR 313

 City-St-Zip:
 BELL, FL 32619
 City-St-Zip:
 BELL, FL 32619 US

Title: PD () Delete Title: PD (X) Change () Addition Name: CANNON, JR, JAMES H JR CANNON, JR, JAMES H JR

 Name:
 CANNON, JA, JAMES H
 Name:
 CANNON, JAMES H

 Address:
 P.O. BOX 431
 Address:
 7129 NW 32 PL /P.O. BOX 431

 City-St-Zip:
 BELL, FL 32619 US
 BELL, FL 32619 US

Title: () Delete Title: ST () Change (X) Addition

 Name:
 Name:
 CANNON, TRESSIE M

 Address:
 Address:
 1460 NW CR 313

 City-St-Zip:
 City-St-Zip:
 BELL, FL 32619 US

I hereby certify that the information supplied with this filing does not qualify 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: JAMES H. CANNON, JR. P 02/12/2009