FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90265 032 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H97601

1. Entity Name
MILLER DRILLING AND WATER TREATMENT, INC.

Principal Place of Business	Mailing Address
4867 GOLDEN GATE PARKWAY NAPLES, FL 33999	4867 GOLDEN GATE PARKWAY NAPLES, FL 33999

01112006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
3630 Shaw Blvd.	3630 Shaw Blvd.
Suite, Apt. #, etc. Unit 7	Suite, Apt. #, etc. Unit 7
City & State Naples, FL	City & State Naples, FL.
Zip 34117 Country Collier	Zip 34117 Country Collier

4. FEI Number 59-2632717 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LOUIS D. D'AGOSTINO
821 FIFTH AVE NORTH
STE. 201
NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	VP	☐ Delete
NAME	MARKEY, CHARLENE	
STREET ADDRESS	4867 GOLDEN GATE PKWY.	
CITY-ST-ZIP	NAPLES, FL	
TITLE	DP	☐ Delete
NAME	MARKEY, R. J.	
STREET ADDRESS	4867 GOLDEN GATE PKWY.	
CITY-ST-ZIP	NAPLES, FL	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		☐ Change ☐ Addition
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.

SIGNATURE: [signature] 1/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #