


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # J42090	
1. Entity Name RODGERS DRILLING SERVICE, INC.	

Principal Place of Business RT. 4 BOX 1007 P.O. BOX 430773 BIG PINE KEY, FL 33043	Mailing Address P O BOX 430773 BIG PINE KEY, FL 33043-0773 US
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DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2744015	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent WRIGHT, THOMAS D. 10095 OVERSEAS HIGHWAY SUITE 10 MARATHON, FL 33050
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**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	PTD RODGERS, LAIR 245 BLACKBEARD ROAD LITTLE TORCH BEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RODGERS, BARBARA 245 BLACKBEARD ROAD LITTLE TORCH KEY, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/20/04-80020-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lair Rodgers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-04 (305) 872-4403
Date Daytime Phone #