


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

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| DOCUMENT # J61352 |  |
| 1. Entity Name LEWIS WELL DRILLING, INC. | |

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| Principal Place of Business 100 LEWIS RD 100 LEWIS RD LAKE PLACID, FL 33852 US | Mailing Address 100 LEWIS RD 100 LEWIS RD LAKE PLACID, FL 33852 US |
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02112004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-2779424 | 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

**ROBERTS, DONJA L
110 LEWIS RD.
LAKE PLACID, FL 33852**

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I, the undersigned 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**

| 19. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP LEWIS, JAMES O 100 LEWIS ROAD LAKE PLACID, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DST ROBERTS, DONJA L. 110 LEWIS RD. LAKE PLACID, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V ROBERTS, JIMMIE 110 LEWIS RD LAKE PLACID, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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05/04/04-80131-022 150.00

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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: Donja L Roberts DST 4/30/04 863-465-5450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #