


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

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

DOCUMENT # J90673
1. Entity Name
AQUA WELL DRILLING, INC.



Principal Place of Business Mailing Address
1835 NEW LENNOX LANE **1835 NEW LENNOX LANE**
DUNNELLON, FL 34434 US **DUNNELLON, FL 34434 US**

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-2851271 Not Applicable

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

6. Name and Address of Current Registered Agent

MADEIROS, DAVID J.
1835 NEW LENNOX LANE
DUNNELLON, FL 34434

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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 _____
Signature, typed or printed name of registered agent and title if applicable

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MADEIROS, DAVID J.
STREET ADDRESS	20215 S.W. 80TH PLACE ROAD
CITY-ST-ZIP	DUNNELLON, FL
TITLE	D
NAME	MADEIROS, DAVID A.
STREET ADDRESS	20215 S.W. 80TH PLACE RD
CITY-ST-ZIP	DUNNELLON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(i), 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: *David M. Madeira* X 4-30-04 X 352-489-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #