2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J90673

1. Entity Name
AQUA WELL DRILLING, INC.

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

DO NOT WRITE IN THIS SPACE

06302005   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: _David Madeiros_

Signature, typed or printed name of registered agent and title if applicable   (NOTE, Registered Agent signature required when reinstating)   DATE 7-1-05

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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		
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CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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07/05/05-80012-019 150.00

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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)(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 Madeiros_   7-1-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #