


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90044 007 ***150.00

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1835 W. NEW LENNOX LANE = SAME Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



01032008 Chg-P CR2E034 (12/06)

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

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: David Madeiros DAVID MADEIROS OWNER 1-3-08
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DMP.	<input type="checkbox"/> Delete
NAME	MADEIROS, DAVID J.	
STREET ADDRESS	20215 S.W. 80TH PLACE ROAD	
CITY-ST-ZIP	DUNNELLON, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MADEIROS, DAVID A.	
STREET ADDRESS	20215 S.W. 80TH PLACE RD	
CITY-ST-ZIP	DUNNELLON, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: David Madeiros DAVID MADEIROS 1-3-08 352-489-5350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daviome Phone #