

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J91024

FILED
Apr 20, 2007
Secretary of State

Entity Name: FREEMAN WELL DRILLERS, INC.

Current Principal Place of Business:

606 SOUTH 6TH ST
FERNANDINA BEACH, FL 320344008

New Principal Place of Business:

Current Mailing Address:

606 SOUTH 6TH ST
FERNANDINA BEACH, FL 320344008

New Mailing Address:

FEI Number: 59-2839006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, EDWARD C.
ONE INDEPENDENT DR
2301 INDEPENDENT SQ
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: FREEMAN, CARL T.,
Address: 257 AUDUBON AVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: V () Delete
Name: FREEMAN, CECIL E.,
Address: P.O BOX 288 (N/A)*
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S () Delete
Name: FREEMAN, JOHN B
Address: 3665 RAMBLING OAKS TRAIL
City-St-Zip: YULEE, FL 32097

Title: VP () Delete
Name: FREEMAN, GEORGE W.,
Address: 169 CLEMENTS RD
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARL T. FREEMAN

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date