

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90031 022 ***150.00

DOCUMENT # K38146

1. Entity Name
CONTRACT DRILLING & BLASTING, INC.



Principal Place of Business
**125 7TH STREET S
JACKSONVILLE BEACH, FL 32250 US**

Mailing Address
**P.O. BOX 49037
JACKSONVILLE BCH, FL 32240 US**

30015629



01262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
62-1243323

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GRAY, MARY
125 7TH STREET SOUTH
JACKSONVILLE BEACH, FL 32250**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GRAY, MARY B.
STREET ADDRESS	2203 LAUGHING GULL CIR
CITY - ST - ZIP	ATLANTIC BCH, FL 32233
TITLE	ST
NAME	COLE, SHAWN J
STREET ADDRESS	1132 MAGNOLIA CURVE
CITY - ST - ZIP	MONTGOMERY, AL 36106
TITLE	V
NAME	GRAY, E. EMERY
STREET ADDRESS	2203 LAUGHING GULL CIRCLE
CITY - ST - ZIP	ATLANTIC BEACH, FL 32233

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Mary Gray
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-05
Date

9042414015
Daytime Phone #