2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K55602

SICKLE, STEVE

24601 SW 123RD AVENUE

PRINCETON, FL 33032

Name:

Address:

City-St-Zip:

SICKLE WELL DRILLING INC

FILED Jul 28, 2005 Secretary of State

Entity Nai	me: SICKLE V	/ELL DRILLING, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
	123RD AVENU DN, FL 33032	JE				
Current Mailing Address:			New Mailing Address:			
	123RD AVENU DN, FL 33032	JE				
FEI Number:	: 65-0089717	FEI Number Applied For()	FEI Number Not Appl	icable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
3111 STIR	LAKE CORP F LING ROAD	PARK . 333126525 US				
	named entity s e of Florida.	ubmits this statement for the	purpose of changing i	ts registered office or registered agent, or botl	h,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Ag	ent	Date	_	
		8(2)(b), F.S., the corporation did n Trust Fund Contribution ().	ot receive the prior notic	e.		
	S AND DIREC	` ,	ADDITION	S/CHANGES TO OFFICERS AND DIRECTO	ORS:	
Title: Name: Address: City-St-Zip:	PD () SICKLE, KARL, 24601 S.W. 123 PRINCETON, FI		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	ST () SICKLE, ELEAN 24601 S.W. 123 PRINCETON, FI	3 AVENUE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V () SICKLE, RUSSE 24625 S.W. 127 HOMESTEAD, F	TH AVE.	Title: Name: Address: City-St-Zip:	V (X) Change () Addition SICKLE, RUSSELL A 24601 SW 123 AV HOMESTEAD, FL 33032		
Title:	V ()	Delete	Title:	() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: KARL SICKLE PRES 07/28/2005