2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # K71562 02-07-2006 90029 019 ***158.75 MOORE'S WELL DRILLING, INC. Principal Place of Business Mailing Address 583 STOKES LANDING RD PALATKA FL 32177 P.O. BOX 699 PALATKA FL 32178 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-2935118 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Maru Sue Moone PLATT, BENJAMIN L Street Address (P.O. Box Number is Not Acceptable) 577 5to Kes Landing 1200 PLANTATION ISLAND DRIVE @230 ST AUGUSTINE FL 32080 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 MARU SUE MOORE FILE NOW!!! FEE IS \$150.00. 9. Election Campaign Financing \$5.00 May Be » After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Delete TITLE Change ☐ Addition MOORE, RONALD Dear NAME MOORE, RONALD DEAN NAME 577 Stokes Landing Rd. STREET ADDRESS 583 STOKES LANDING RD STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIP Palatka FlA 32177 TITLE ☐ Delete TITLE ☑ Change ☐ Addition Moore, Mary Suc NAME MOORE, MARY SUE NAME 577 Stokes Landing Rd. STREET ADDRESS 583 STOKES LANDING RD STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIP Palatta, FIA 32177 TITLE Delete TITLE Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

Mary Sw Moore

FILED

Feb 07, 2006 8:00 am