## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 12, 2007 08:00 AM DOCUMENT # K71562 **Secretary of State** 1. Entity Name 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State Applied For 4. FEI Number 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 MOORE, MARY SUE Street Address (P.O. Box Number is Not Acceptable) 577 STÖKES LANDING RD. PALATKA FL 32177 City Zip Codo 8. The above named onlity 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DHE Defeie THE Change ■ Addition MOORE, RONALD DEAN NAME 000000632138 02/21/07-80009-018 158.75 577 STOKES LANDING RD. STREET ADDRESS STREET ADDRESS PALATKA FL 32177 CHY-SI-ZIP CITY-S1-ZIP THE ☐ Delete ши Change Addition MOORE, MARY SUE NAM NAME 577 STOKES LANDING RD. STREET LADDRESS STREET ADONESS PALATKA FL 32177 CHY-S1-ZIP CHY-SI-7IP TITLE illit Delete ☐ Change Addition NAME NAM STREET ADORLSS STREET ADDRESS CITY-ST-ZIP CITY+S1+ZIP THILE ☐ Delete TIFLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY ST- ZIP 11111 Delete ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CRY-ST-7IP шы Delete TITLE ☐ Change ☐ Addition NAMI' NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes | further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same logal effect as if made under eath; 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

**FILED** 

SIGNATURE: MARY SUMPORE 2-7-07 386-328-1448