## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K74093

5781 LISA LYNN ROAD

KEYSTONE HEIGHTS, FL 32656

Address: City-St-Zip: FILED Feb 19, 2007 Secretary of State

Entity Name: BRONCO DRILLING, INC.				Secretary of State	
Current Principal Place of Business:			New Principa	New Principal Place of Business:	
	_YNN ROAD E HEIGHTS, F	FL 32656			
Current Mailing Address:			New Mailing	New Mailing Address:	
	_YNN ROAD E HEIGHTS, F	FL 32656			
FEI Number:	59-2949489	FEI Number Applied For()	FEI Number Not Applicab	ole ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Ad	Name and Address of New Registered Agent:	
NEWELL, PAUL D. THE NEWELL BUILDING 12 LAWRENCE BUILDING KEYSTONE HEIGHTS, FL 32656 US			465 S VOLUSI SUITE C	ALL FLORIDA FIRM, INC. 465 S VOLUSIA AVE SUITE C ORANGE CITY, FL 32763 US	
The above in the State		submits this statement for the pu	rpose of changing its re	egistered office or registered agent, or both,	
SIGNATURE: DEVIN NEWMAN- ASSISTANT SECRETARY			ARY	02/19/2007	
Election Carr		nic Signature of Registered Agen g Trust Fund Contribution ( ).	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/C	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD ( MILLER, PHILI 5781 LISA LYN KEYSTONE HO	IN RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( MILLER, JANE 5781 LISA LYN KEYSTONE HE	IN RD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP ( MILLER, PHILI	) Delete JP E	Title: Name:	( ) Change ( ) Addition	

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.

Address:

City-St-Zip:

SIGNATURE: PHLIP T MILLER PD 02/19/2007