Jun-28-04 06:43A

FILED
Sep 17, 2004 8:00 am
Secretary of State
09-02-2004 90072 040 ***150.00

2004 FCR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K77616

1. Entity Name
PARKER & SONS WELL DRILLING, INC.

Principal Place of Business
1845 STEVENSON ROAD
N. FORT MYERS, FL 33917

Mailing Address
1845 STEVENSON ROAD
N. FORT MYERS, FL 33917

66433755

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

06282004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0151998
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PARKER, WESLEY CLYDE
1845 Stevenson Rd.
North Ft. Myers, FL 33917

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 the obligations of registered agent.

SIGNATURE ____ DATE

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PARKER, WESLEY CYLDE 1845 Stevenson Rd. North Ft. Myers, FL 33917	☐ Delete	wesley clyde Parker 1845 Stevenson Rd. N. Ft Myers, FL 33917	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: Wesley Parker — Wesley Clyde Parker — 8/30/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date