


2005 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

1/3

DOCUMENT # K 77616	
1. Entity Name Parker & Son's Well Drilling Inc.	

FILED

2005 NOV -7 PM 2:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business NEM FLA		3. Mailing Address 1845 STEVENSON RD.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NEM FL		City & State NEM FL	
Zip 33917	Country Lee	Zip 33917	Country Lee

REINSTATEMENT

05

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	WESLEY Clyde Parker
Street Address (P.O. Box Number is Not Acceptable)	1845 STEVENSON RD.
City	NEM FL
Zip Code	33917

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 WESLEY Clyde Parker	DATE 11-4-05
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)	

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER WESLEY Clyde Parker 1845 STEVENSON RD NEM FL 33917	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Wesley Clyde Parker	DATE: 11-4-05	DAYTIME PHONE: (239) 543-0890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

CR2E034B (12/02)

To Pat Bailey

I Wesley Clyde Parker did not
Renew my Corporation Paper's
due to the Fact of Medical
Reason's. Thank you for your
Cooperation in this matter and
Please, if you can Expedite this
ASAP.

Thank you very much

WC Parker