## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K89200

City-St-Zip:

TAMPA, FL

FILED Jan 20, 2004 Secretary of State

**Entity Name:** DRILLING CONSULTANTS, INC. **Current Principal Place of Business: New Principal Place of Business:** 11505 NORTH GRADY AVENUE TAMPA, FL 336241715 **Current Mailing Address: New Mailing Address:** 11505 NORTH GRADY AVENUE TAMPA, FL 336241715 FEI Number: 59-2951542 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HINES, JAMES P. ZIEGLER, SONYA P 315 HYDE PARK AVENUE 11505 NORTH GRADY AVENUE TAMPA, FL 33606 TAMPA, FL 336241715 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. SIGNATURE: SONYA P. ZIEGLER 01/20/2004 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDC ( ) Delete Title: () Change () Addition ZIEGLER, SONYA P., Name: Name: 11505 N. GRADY AVE Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: Title: () Delete () Change () Addition ZIEGLER, JOHN B., Name: Name: 11505 N. GRADY AVE Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: Title: VSD ( ) Delete () Change () Addition ZIEGLER, WILLIAM C. Name: Name: 11505 N. GRADY AVE. Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: ( ) Delete Title: () Change () Addition ZIEGLER, WILLIAM B Name: Name: Address: 11505 N. GRADY AVENUE Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

SIGNATURE: SONYA P. ZIEGLER P 01/20/2004