

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049883

FILED
Apr 28, 2008
Secretary of State

Entity Name: CONTRACT DRILLING & BLASTING LLC

Current Principal Place of Business:

125 7TH ST S
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

125 7TH ST S
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

125 7TH ST S
JACKSONVILLE BEACH, FL 32250

FEI Number: 26-0155003

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VANNIEKERK, ALBERT P
125 7TH ST S
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VANNIEKERK, ALBERT PETRUS
Address: 6744 158TH ST W
City-St-Zip: APPLE VALLEY, MN 561246529

Title: MGRM () Delete
Name: VANNIEKERK ENTERPRIS, ES, INC.
Address: 6744 158TH ST W
City-St-Zip: APPLE VALLEY, MN 561246529

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VANNIEKERK ENTERPRIS, ES, INC.
Address: 6744 158TH ST W
City-St-Zip: APPLE VALLEY, MN 561246529

Title: MEMB (X) Change () Addition
Name: VANNIEKERK, ALBERT P
Address: 6744 158TH ST W
City-St-Zip: APPLE VALLEY, MN 561246529

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ALBERT P VANNIEKERK

PRES

04/28/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date