


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90043 011 \*\*\*150.00

**DOCUMENT # L10331**  
1. Entity Name  
DAVID CANNON WELL DRILLING, INC.



Principal Place of Business 12235 US HWY 301 NOTRH PARRISH, FL 34219 US	Mailing Address P.O. BOX 38 PARRISH, FL 34219 US
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**DO NOT WRITE IN THIS SPACE**



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0148307	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
CANNON, DAVID D  
2705 FT. HAMER ROAD  
PARRISH, FL 34219

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agents and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P-T CANNON, DAVID D P.O. BOX 38 / 2705 FT. HAMER RD. PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-S CANNON, DIANE W P.O. BOX 38 / 2705 FT. HAMER RD. PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANNON, DARRYL D 2605 FORT HAMMER ROAD PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANNON, DARRIN D P.O. BOX 64 / 14135 FLORIDA LANE PARRISH, FL 34219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemptions contained 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 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:** David Cannon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_