

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L89911 1. Entity Name CHARLIE HOWARD WELL DRILLING, INC.					
Principal Place of Business 1102 FILLMORE AVE. LEHIGH ACRES FL 33936 US			Mailing Address PO BOX 593 LEHIGH ACRES FL 33970 US		
2. Principal Place of Business Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc		 MOORE CR2E034 (11/03)	
City & State		City & State			
Zip		Zip			
Country		Country			
4. FEI Number 65-0221863				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOWARD, CHARLIE 1102 FILLMORE AVENUE LEHIGH ACRES FL 33936			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 _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when constituting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOWARD, CHARLIE 1102 FILLMORE AVENUE LEHIGH ACRES FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000068538 02/27/04-80046-002 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HOWARD, ROBERT 1102 FILLMORE AVE LEHIGH ACRES FL	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SMITH, PERRY 1102 FILLMORE AVE LEHIGH ACRES FL 33936	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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: <i>Charlie Howard</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2-25-04 238-368-1800					