2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 20, 2006 08:00 AM DOCUMENT # M75584 Secretary of State 1. Entity Name GREEN'S WELL DRILLING OF SLC, INC. Principal Place of Business Mailing Address % AARON GREEN 709 SOUTH 33RD ST. FT. PIERCE FL 34947 % AARON GREEN 709 SOUTH 33RD ST. FT. PIERCE FL 34947 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State Applied For City & State 4. FEI Number 65-0042836 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GREEN, AARON 709 SOUTH 33RD ST. Street Address (P.O. Box Number is Not Acceptable) FT. PIERCE FL 34950 City 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 according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered agent, or both, in the State of Florida. the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when revisibling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May F After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 71 TITLE Delete THEE ☐ Change Additional Property of the Control o U00000474334 MAME GREEN, AARON MAME STREET ADDRESS STREET ADDRESS 04/04/06-80018-024 150.00 709 SOUTH 33RD ST. CITY-S7-27P FT. PIERCE FL CITY-ST-ZIP ☐ Defete TITLE ☐ Change □ A.C. NAME GREEN. IVETTE STREET ADDRESS 709 SOUTH 33RD ST. STREET ADDRESS CITY ST-ZIP FT PIERCE FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-SY-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP THILE ☐ Delete TITLE ☐ Change AAAA. NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-206 EITY - ST - ZIP TITLE ☐ Delete ☐ Change Adding THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; that I am an officer or direction 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.

Green

SIGNATURE

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