


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90107 037 \*\*\*150.00

<b>DOCUMENT # M88448</b>	
<b>1. Entity Name</b> DODGE WELL DRILLING INC.	

<b>Principal Place of Business</b> % CHARLES DODGE 6312 WYNGLOW LANE ORLANDO FL 32818	<b>Mailing Address</b> % CHARLES DODGE 6312 WYNGLOW LANE ORLANDO FL 32818
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<b>2. Principal Place of Business</b> 3036 Westlenn Dr Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3036 Westlenn Dr Suite, Apt. #, etc.
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<b>City &amp; State</b> Winter Garden Fla	<b>City &amp; State</b> Winter Garden Fla
<b>Zip</b> 34787	<b>Zip</b> 34787
<b>Country</b> Orange	<b>Country</b> Orange

<b>6. Name and Address of Current Registered Agent</b>  DODGE, CHARLES 6312 WYNGLOW LANE ORLANDO FL 32818	<b>7. Name and Address of New Registered Agent</b>  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____  City _____ <b>FL</b> Zip Code _____
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> P	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> DODGE, CHARLES		<b>NAME</b> address change to	
<b>STREET ADDRESS</b> 6312 WYNGLOW LN.		<b>STREET ADDRESS</b> 3036 Westlenn Dr.	
<b>CITY-ST-ZIP</b> ORLANDO FL		<b>CITY-ST-ZIP</b> Winter Garden Fla 34787	
<b>TITLE</b> VP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> DODGE, JAMES		<b>NAME</b> address change to	
<b>STREET ADDRESS</b> 3849 LAZY LN		<b>STREET ADDRESS</b> 3036 Westlenn Dr	
<b>CITY-ST-ZIP</b> GROVELAND FL 34736		<b>CITY-ST-ZIP</b> Winter Garden Fla 34787	
<b>TITLE</b> S	<input type="checkbox"/> Delete	<b>TITLE</b> NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> DODGE, ELIZABETH I		<b>NAME</b> address change to	
<b>STREET ADDRESS</b> 6312 WYNGLOW LANE		<b>STREET ADDRESS</b> 3036 Westlenn Dr	
<b>CITY-ST-ZIP</b> ORLANDO FL 32818		<b>CITY-ST-ZIP</b> Winter Garden Fla 34787	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** Charles Dodge Charles Dodge **4-10-05** **407-299-8090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #