2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Feb 26, 2004 8:00 am DOCUMENT # P00000014968 Secretary of State 1. Entity Name 02-26-2004 90004 001 ***150.00 CULBREATH WELL DRILLING & IRRIGATION, INC. Principal Place of Business Mailing Address 3108 12TH STREET CT EAST 3108 12TH STREET CT EAST 4 V A A V U U **BRADENTON FL 34208 BRADENTON FL 34208** 2. Principal Place of Business 3. Mailing Address 3/08/2STAEAST 3/08 125TCT GAST Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State BRADENTON Applied For 4. FEI Number City & State PLORIDA 65-0978591 RADENTON Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 34206 MANATEE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CULBREATH, JULIAN L Address (P.O. Box Number is Not Acceptable) 3108 12TH STREET EAST **BRADENTON FL 34208** 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. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete Tm F ☐ Change Addition CULBREATH, JULIAN L NAME NAME STREET ADDRESS 3108 12TH STREET CT. EAST STREET ADDRESS **BRADENTON FL 34208** CITY-ST-7IP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE CULBREATH, SHIRLEY NAME NAME 3108 12TH STREET CT. EAST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** TITLE . Change ☐ Delete ☐ Addition TITLE NAME GILDERSLEEVE, NEIL STREET ADDRESS 955 53RD ST., EAST, APT. 837 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34208** ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition THTLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED