2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000037268

1. Entity Name
WRIGHTS WELL DRILLING, INC.

Principal Place of Business	Mailing Address
2920 WILSON RD ST. CLOUD, FL 34772	2920 WILSON RD ST. CLOUD, FL 34772

DO NOT WRITE IN THIS SPACE

03312004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
04-3640484	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WRIGHT, JOHN
2920 WILSON RD
ST. CLOUD, FL 34772

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 _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	U000001066l6 04/08/04-80022-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WRIGHT, JOHN
STREET ADDRESS	2920 WILSON RD
CITY-ST-ZIP	SAINT CLOUD, FL 34772

TITLE	
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CITY-ST-ZIP	

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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: ___John Wrgb___   John Wright   4-5-04   407 908 3204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #