

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000037268

1. Entity Name
WRIGHTS WELL DRILLING, INC.



FILED

06 OCT 12 PM 4: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: 6960 MAVERICK TRL, SAINT CLOUD, FL 34771 US
Mailing Address: 6960 MAVERICK TRL, SAINT CLOUD, FL 34771 US

2. Principal Place of Business: Suite, Apt. #, etc., City & State, Zip, Country
3. Mailing Address: Suite, Apt. #, etc., City & State, Zip, Country

10022006 Chg-P CR2E034 (11/05)

4. FEI Number: 04-3640484
Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WRIGHT, JOHN
6960 MAVERICK TRL
SAINT CLOUD, FL 34771

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: PST NAME: WRIGHT, JOHN STREET ADDRESS: 6960 MAVERICK TRL CITY-ST-ZIP: SAINT CLOUD, FL 34771	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P.T. NAME: WRIGHT, JOHN STREET ADDRESS: 6960 MAVERICK TRAIL CITY-ST-ZIP: SAINT CLOUD, FL 34771	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP, S NAME: WRIGHT, TRISHIA STREET ADDRESS: 6960 MAVERICK TRAIL CITY-ST-ZIP: SAINT CLOUD, FL 34771	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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 Wright Date: 10-1-06 Daytime Phone #: 407-908-3204

7C 10/17