

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000076842

1. Entity Name
LENTZ WELL DRILLING, INC.



Principal Place of Business

3 BAHIA PASS LANE
OCALA, FL 34472

Mailing Address

3 BAHIA PASS LANE
OCALA, FL 34472

**FILED
May 03, 2004 8:00 am
Secretary of State**

05-03-2004 90456 029 ***150.00



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number 76-0714368	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LENTZ, GARRY A
3 BAHIA PASS LANE
OCALA, FL 34472

**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**

10. OFFICERS AND DIRECTORS

TITLE D
NAME LENTZ, GARRY A
STREET ADDRESS 3 BAHIA PASS LANE
CITY-ST-ZIP OCALA, FL 34472

TITLE D
NAME LENTZ, LESLIE K
STREET ADDRESS 3 BAHIA PASS LANE
CITY-ST-ZIP OCALA, FL 34472

TITLE
NAME
STREET ADDRESS
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 other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30.04 352-687-2294

Date

Daytime Phone #