

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 8:00 am
Secretary of State

01-25-2006 90030 043 ***150.00

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**

40006158



2. Principal Place of Business

1332 NE Osceola Ave
Suite, Apt. #, etc.

3. Mailing Address

1332 NE Osceola Ave
Suite, Apt. #, etc.

01082006 Chg-P CR2E034 (11/05)

City & State

Ocala FL

City & State

Ocala FL

4. FEI Number
76-0714368

Applied For
Not Applicable

Zip
34470

Country

Zip

34470

Country

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

6. Name and Address of Current Registered Agent

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

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

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, 2006 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** ☐ Delete
NAME **LENTZ, GARRY A**
STREET ADDRESS **3 BAHIA PASS LANE**
CITY-ST-ZIP **OCALA, FL 34472**

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

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Delete
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/T** ☒ Change ☐ Addition
NAME **Lentz Garry A**
STREET ADDRESS **1332 NE Osceola Ave**
CITY-ST-ZIP **Ocala FL 34470**

TITLE **S** ☒ Change ☐ Addition
NAME **Lentz Leslie K**
STREET ADDRESS **1332 NE Osceola Ave**
CITY-ST-ZIP **Ocala FL 34470**

TITLE **D** ☐ Change ☒ Addition
NAME **Lentz Steven J**
STREET ADDRESS **218 Gerald Ave**
CITY-ST-ZIP **Lehigh, FL 33972**

TITLE **-** ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

TITLE **-** ☐ Change ☐ Addition
NAME **-**
STREET ADDRESS **-**
CITY-ST-ZIP **-**

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:

Garry Lentz

1-9-06

352-620-2294

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #