# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000083451

1. Entity Name
AMERICAN WELL DRILLING, INC.

FILED
05 SEP 15 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50066830

09082005 Chg-P CR2E034 (10/03)

| Principal Place of Business | Mailing Address |
|---|---|
| 7116 NELSON ST<br>NAVARRE, FL 32566 | 7116 NELSON ST<br>NAVARRE, FL 32566 |

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

4. FEI Number 56-2288455 — Applied For ☐ Not Applicable ☐

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| SPIEGEL & UTRERA, P.A.<br>1840 SW 22ND ST.<br>4TH FLOOR<br>MIAMI, FL 33145 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>200005378315 2<br>09/20/05--01045--027 **150.00<br>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**
**Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
|---|---|---|
| TITLE PD<br>NAME BRILL, LARRY B<br>STREET ADDRESS 7116 NELSON ST<br>CITY-ST-ZIP NAVARRE, FL 32566 | ☐ Delete | TITLE ☐ Change ☐ Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE V<br>NAME JOHNSON, GERARD<br>STREET ADDRESS 7116 NELSON ST<br>CITY-ST-ZIP NAVARRE, FL 32566 | ☒ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE S<br>NAME BRILL, CINDY<br>STREET ADDRESS 7116 NELSON ST<br>CITY-ST-ZIP NAVARRE, FL 32566 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |

9-8-05
To Whom It Concern:
I've been out of town on family emergency + on top of hurricane recovery, haven't been able to send report. Please accept $150.00 + report now.
Thx
Larry Brill

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:** Larry Brill — Sept. 8, 2005 — (850) 259-2712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #