

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90108 049 \*\*\*150.00



**DOCUMENT # P03000006235**

1. Entity Name

JAY LAWRENCE & ASSOCIATES WELL DRILLING, INC.

Principal Place of Business

18590 MATT RD  
 ATTN: HENRY O. SMITH  
 NORTH FORT MYERS FL 33917

Mailing Address

18590 MATT RD  
 ATTN: HENRY O. SMITH  
 NORTH FORT MYERS FL 33917



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

22-3891658

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SMITH, HENRY O  
 18590 MATT RD  
 NORTH FORT MYERS FL 33917

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: DP  
 NAME: LAWRENCE, JESSE L  Delete  
 STREET ADDRESS: 2935 RENEE COURT  
 CITY-ST-ZIP: FORT MYERS FL 33905

TITLE: *Smith, Henry O*  Change  Addition  
 NAME: *18590 Matt Rd.*  
 STREET ADDRESS: *N. Ft. Myers, FL 33917*  
 CITY-ST-ZIP: *FL 33917*

TITLE: DST  Delete  
 NAME: SMITH, HENRY O  
 STREET ADDRESS: 18590 MATT RD  
 CITY-ST-ZIP: NORTH FORT MYERS FL 33917

TITLE:  Change  Addition  
 NAME:  Change  Addition  
 STREET ADDRESS:  Change  Addition  
 CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
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 CITY-ST-ZIP:  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Henry O Smith* Henry O Smith 3/23/06 239)543-5733  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #