


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90028 045 \*\*\*150.00

<b>DOCUMENT # P03000050409</b>	
1. Entity Name <b>INDEPTH DIRECTIONAL DRILLING, INCORPORATED</b>	

Principal Place of Business <b>563 TRADEWINDS DRIVE DUNEDIN, FL 34698-2036</b>	Mailing Address <b>563 TRADEWINDS DRIVE DUNEDIN, FL 34698-2036</b>
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2. Principal Place of Business <b>Pinellas County</b> Suite, Apt. #, etc.	3. Mailing Address <b>563 Tradewinds Dr</b> Suite, Apt. #, etc.
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03042004 Chg-P CR2E034 (10/03)

City & State <b>Dunedin FL</b>	City & State
Zip <b>34698</b>	Country <b>USA</b>

4. FEI Number <b>13-4250634</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CHESIAK, EDWARD A 563 TRADEWINDS DRIVE DUNEDIN, FL 34698-2036</b>	
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7. Name and Address of New Registered Agent Name <b>CHESIAK, EDWARD A</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHESIAK, EDWARD A 563 TRADEWINDS DRIVE DUNEDIN, FL 346982036 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PEASE, ALBERT 2800 W MISSION RD TALLAHASSEE, FL 323041107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CHANCEY, JUSTIN S 2573 62 TERR NORTH ST PETERSBURG, FL 337026333 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD TROUTMAN, DAVID J 5900 21 AVE NORTH ST PETERSBURG, FL 337105018 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE-PRESIDENT TRAUTMAN, DAVID J 5900 21st AVE N ST PETERSBURG, FL 337105018 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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 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 	<b>Edward A. Chesiak</b>	3-4-04	722-487-3254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #