


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90094 034 ***158.75

| | |
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| DOCUMENT # P03000068582 |  |
| 1. Entity Name ACTION WELL DRILLING, INC | |

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|---|---|
| Principal Place of Business P.O. BOX 445 OKEECHOBEE FL 34973-0445 | Mailing Address P.O. BOX 445 OKEECHOBEE FL 34973-0445 |
|---|---|

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|--|--|
| 2. Principal Place of Business P.O. Box 445 Suite, Apt. #, etc. | 3. Mailing Address P.O. Box 445 Suite, Apt. #, etc. |
|--|--|

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|---------------------------------------|--|
| City & State Okeechobee Fla | City & State Okeechobee Fla. |
| Zip 34972 | Country Okeechobee |
| Zip 34973 | Country Okeechobee |

| | |
|---|--|
| 4. FEI Number 76-0735384 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |



MOORE CR2E034 (11/03)

| | |
|--|--|
| 6. Name and Address of Current Registered Agent CORWIN, MARK A 5284 NW 20 ST OKEECHOBEE FL 34972 | |
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|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | Zip Code |
| FL | |

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP | P CORWIN, MARK A 5284 NW 20 ST OKEECHOBEE FL 34972 <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 |
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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: Mark A. Corwin **MARK A. CORWIN** 1/22/04 8636346625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #