

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 16, 2004 8:00 am**  
**Secretary of State**

02-16-2004 90050 023 \*\*\*158.75

**DOCUMENT # P03000117787**

1. Entity Name

**MCGEE WELL DRILLING, INC.**



Principal Place of Business

**1613 PIONEER TRAIL  
NEW SMYRNA BCH FL 32168**

Mailing Address

**1613 PIONEER TRAIL  
NEW SMYRNA BCH FL 32168**

2. Principal Place of Business

3. Mailing Address

**P.O. Box 2608**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**NEW SMYRNA BCH, FL**

Zip

Country

Zip

Country

**32170**

**U.S.A.**

4. FEI Number

**20-0417406**

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

**ALDERMAN, D. BUREN J R.  
1613 PIONEER TRAIL  
NEW SMYRNA BCH FL 32168**

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, 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

**D  
ALDERMAN, D. BUREN  
1613 PIONEER TRAIL  
NEW SMYRNA BCH FL 32168**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**D. BUREN ALDERMAN**

Date

**2-10-04**

Daytime Phone #

**386  
427-4475**