


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000125846	
1. Entity Name CAPPS WELL DRILLING, INC.	

Principal Place of Business 15637 CR 275 BLOUNTSTOWN FL 32424 US	Mailing Address 15637 CR 275 BLOUNTSTOWN FL 32424 US
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State	City & State
Zip	Country

4. FEI Number 20-0378692	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent PURVIS, MICHAEL R 15637 CR 275 BLOUNTSTOWN FL 32424	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	
T TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PURVIS, CATHY E 15637 CR 275 BLOUNTSTOWN FL 32424
P TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PURVIS, MICHAEL R. 15637 CR 275 BLOUNTSTOWN FL 32424
VP TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PURVIS, MICHAEL B 15637 CR 275 BLOUNTSTOWN FL 32424
S TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete PURVIS, CATHY E 15637 CR 275 BLOUNTSTOWN FL 32424
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	

U00000698040
04/18/07-80064-020 150.00

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: Michael R. Purvis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/07 850-674-8942
Date Daytime Phone #