2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 16, 2007 8:00 am Secretary of State

DOCUMENT # P03000133472 1. Entity Name F.W. & W. WELL DRILLING, INC.						05-16-2007 90016 030 ***150.00					
Principal Place of Business Mailing Address						•					
2879 N. FIRST ST. P.O. BOX 4050 ST. AUGUSTINE, FL 32084 ST. AUGUSTINE, FL 320			085-40	50		1 (MM)(MM) (d)	ADIVA AIIN ADIK DANI				
2. Principal P	face of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				04202007	Chg-P	CR2E	034 (12/06)		
City & State		City & State				4. FEI Number 20-042	El Number Applied For 20-0427604 Not Applicable				
Zip	Country	Zip	Coun	ountry		5. Certificate	of Status Desired		\$8.75 Add Fee Require		
	Registered Agent	7. Name and Addre				Address of Nev	Ragistered	Agent			
FOX, R. VIRGIL				Name							
2879 N. FIRST ST. ST. AUGUSTINE, FL 32084				Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
gle ≥ 4.				City					Zip Cod	lo .	
				City				FL	- Zip Cod		
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 NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.				icing		00 May Be ed to Fees					
10.	OFFICERS AND DIRECTORS 11					ADDITIONS/	CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11	
TITLE	PTD Delete		TITLE	TITLE					Change	☐ Addition	
NAME STORES ADDRESS	FOX, R. VIRGIL JR.		NAM! STRE								
STREET ADDRESS CITY+ST-ZIP	2879 N. FIRST ST. ST. AUGUSTINE, FL 32084		CITY								
TITLE			TITLE						□ Сћалре	Addition	
NAME	FOX, THERESA L	Doing	NAM	1							
STREET ADDRESS	2879 N. FIRST ST.			ET ADORESS							
CITY-ST-ZIP			-1-	-ST-ZIP						—	
TITLE NAME	V WHISKER, SHANE L	Delete	TITLE	1					Change	Addition	
STREET ADDRESS	2303 PELLICER RD	,		ET ADORESS							
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084		CITY	-ST-ZIP							
TITLE		☐ Delete	TITLE		V	1	· Fami	W:1)	☐ Change	Addition	
NAME			NAM	E Et address	Cur	munga	Estable.	Rc\			
STREET ADDRESS CITY-ST-ZIP				-ST-ZIP	120.	March and	FRANI Estate ine FI	3208h			
TITLE			TITLE		-	HUNCEST	<i>//</i> /	<u> </u>	☐ Change	☐ Addition	
NAME			. NAM	E					-		
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP			_	-ST-ZIP					[] Chasa-	☐ Addisin=	
TITLE NAME		☐ Delete	TITLI						Change	Addition	
STREET ADDRESS				ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP	L						
12. I hereby	certify that the information supplied wit	h this filing does not qualify fo	or the ex	emplions co	ontained	in Chapter 119	. Florida Statutes	. I further cer	tify that the i	nformation	

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 MAKE OF SIGNING OFFICER OR DIRECTOR

4-27-00

904-826-0350