2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Feb 01, 2008 08:00 AN Secretary of State DOCUMENT # P03000133487 HILL WELL DRILLING, INC. Principal Place of Business Mailing Address 3025 AIRPORT ROAD SEBRING FL 33870 P.O. BOX 253 SEBRING FL 33871-0253 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-0490417 Not Applicable Country Zip Country Ζ:p \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWAINE, J. MICHAEL Street Aridress (P.O. Box Number is Not Acceptable) 425 SOUTH COMMERCE AVENUE SEBRING FL 33870 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or coth, in the State of Florida. If am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of regintered agent and it is ill applicable. DATE (NOTE: Redistered Approlationature required when rememble of FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10 OFFICERS AND DIRECTORS 11. TITLE D De ete TITLE Change Addition NAME HILL, JADY NAME STREET ADDRESS P.O. BOX 253 STREET ADDRESS SEBRING FL 33871-0253 CITY ST-ZI? CITY-ST-ZIP TITLE TITLE Daiete 02/12/08-80014-02 P 958 00 Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST- 7/2 CITY-ST-ZIP Addition TITLE De ete THILE ☐ Change NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-719 CITY-S1-7P Delete ☐ Change ☐ Addition THE TIFLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-26 TITLE Defete TITLE Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-2P CITY-ST-ZIP TITLE De ete TITILE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 appearance with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

Dayshie Phone #