

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90242 018 ***158.75

DOCUMENT # P03000140340

1. Entity Name

DAVID CULLEN'S WELL DRILLING, INC.



Principal Place of Business

3845 AVALON STREET
TITUSVILLE, FL 32796

Mailing Address

3845 AVALON STREET
TITUSVILLE, FL 32796

40065783



04032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

33-1078476

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CULLEN, DAVID
3845 AVALON STREET
TITUSVILLE, FL 32796

**DO NOT WRITE
IN THIS SPACE**

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

David Cullen

DAVID CULLEN

4-5-07

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME CULLEN, DAVID
STREET ADDRESS 3845 AVALON STREET
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change of address:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*3825 Grantline Rd.
Mims, FL 32754*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

David Cullen

DAVID CULLEN

Date

Daytime Phone #

321-

267-4705