

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000002114

1. Entity Name
BRIGGS WELL DRILLING & REPAIR INC.



FILED

05 APR -1 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
9415 OLD ST AUGUSTINE RD
TALLAHASSEE, FL 32311

Mailing Address
9415 OLD ST AUGUSTINE RD
TALLAHASSEE, FL 32311

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012005

Chg-P

CR2E034 (10/03)

4. FEI Number

90-0131787

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

BRIGGS, WILLIAM
9415 OLD ST AUGUSTINE RD
TALLAHASSEE, FL 32311

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME BRIGGS, WILLIAM H SR
STREET ADDRESS 9415 OLD ST AUGUSTINE RD
CITY-ST-ZIP TALLAHASSEE, FL 32311 ☐ Delete

TITLE ☒
NAME CLARK, CHARLES B JR
STREET ADDRESS 308 POTTERWOODBERRY RD
CITY-ST-ZIP HAVANA, FL 32333 ☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100050509911
04/12/05--01008--010 **158.75

TITLE S
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME DONALD E. BRIGGS
STREET ADDRESS 4210 NATURAL BRIDGE RD
CITY-ST-ZIP TLH, FL 32305 ☐ Change ☒ Addition

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐
NAME
STREET ADDRESS
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: William H Briggs Jr. WILLIAM H Briggs Jr. 4-1-05 (850) 933-5408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #