

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000009387

1. Entity Name
A & C WELL DRILLING, INC.



Principal Place of Business
5017 HICKORY DRIVE
FORT PIERCE, FL 34982 US

Mailing Address
5017 HICKORY DRIVE
FORT PIERCE, FL 34982 US



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2144114	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BEACON ACCOUNTING SERVICE, INC.
3135 S.W. MAPP ROAD
PALM CITY, FL 34990

**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

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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000916543
05/13/08-80004-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GREEN, FRANK D
STREET ADDRESS	5017 HICKORY DRIVE
CITY- ST- ZIP	FORT PIERCE, FL 34982
TITLE	VP
NAME	GREEN, TAYLOR
STREET ADDRESS	5017 HICKORY DRIVE
CITY- ST- ZIP	FORT PIERCE, FL 34982
TITLE	S
NAME	GREEN, LESLIE
STREET ADDRESS	5017 HICKORY DRIVE
CITY- ST- ZIP	FORT PIERCE, FL 34982
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

129-08