

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 28, 2005 8:00 am**  
**Secretary of State**

01-28-2005 90030 021 \*\*\*150.00

**DOCUMENT # P04000043760**

1. Entity Name

**BILL CLARK DRILLING, INC.**



Principal Place of Business

P.O. BOX 1471  
EDGEWATER FL 32132

Mailing Address

P.O. BOX 1471  
EDGEWATER FL 32132

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Edgewater, FL

City & State

Zip  
32141

Country  
USA

Zip

Country

4. FEI Number

86-1100234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLARK, GAYE  
208 SAN REMO CIRCLE  
EDGEWATER FL 32141

7. Name and Address of New Registered Agent

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

GAYE CLARK Gay Clark

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-24-05

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES ☐ Delete  
NAME CLARK, WILLIAM E  
STREET ADDRESS 208 SAN REMO CIRCLE  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE VP ☐ Delete  
NAME CLARK, WILLIAM  
STREET ADDRESS 208 SAN REMO CIRCLE  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE SEC ☐ Delete  
NAME CLARK, GAYE  
STREET ADDRESS 208 SAN REMO CIRCLE  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE TREA ☐ Delete  
NAME CLARK, GAYE  
STREET ADDRESS 208 SAN REMO CIRCLE  
CITY-ST-ZIP EDGEWATER FL 32132

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 E. Clark William E. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-24-05

Daytime Phone #

386427941