2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P04000043760 03-28-2006 90127 022 ***150.00 1. Entity Name BILL CLARK DRILLING, INC. Principal Place of Business Mailing Address P.O. BOX 1471 EDGEWATER FL 32141 P.O. BOX 1471 **EDGEWATER FL 32132** 208 San Remo 2. Principal Place of Business 3. Mailing Address BOX Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For 86-1100234 Not Applicable \$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 CLARK, GAYE Street Address (P.O. Box Number is Not Acceptable) 208 SAN REMO CIRCLE **EDGEWATER FL 32141** City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 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 OFFICERS AND DIRECTORS 10. 11. TITLE PRES ☐ Delete TITLE Addition NAME CLARK, WILLIAM E NAME STREET ADDRESS 208 SAN REMO CIRCLE STREET ADDRESS CITY-ST-ZIP EDGEWATER FL. 32132 CITY-ST-ZIP VΡ ☐ Delete TITLE ☐ Change ☐ Addition CLARK, WILLIAM NAME STREET ADDRESS 208 SAN REMO CIRCLE STREET ADDRESS City-St-7iP **EDGEWATER FL 32132** CITY-ST-ZIP TITLE SEC ☐ Delete TITLE ☐ Addition NAME CLARK, GAYE NAME STREET ADDRESS STREET ADDRESS 208 SAN REMO CIRCLE CITY-ST-7IP EDGEWATER FL 32132 CITY-ST-ZIP TREA ☐ Delete ☐ Change ☐ Addition NAME CLARK, GAYE NAME STREET ADDRESS 208 SAN REMO CIRCLE STREET ADDRESS CITY-ST-ZIP EDGEWATER FL 32132 CITY-ST-7(P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

FILED

Mar 28, 2006 8:00 am

SIGNATURE: WILLIAM & CLARK Milliam & Clark 3/20/06 386 H37 97 H/

12. I hereby certify that the information supplied with this filing 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