## 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SIGNATURE:

## DOCUMENT # P04000096096 FILED SUNSHINE STATE DRILLING, INC. 06 DEC 22 AM 8- 85 SEGRETARY OF STATE FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 9345 SW START CENTER ST 9345 SW START CENTER ST ARCADIA, FL 34269 US ARCADIA, FL 34269 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied F-4. FE! Number 20-1283611 Not Applinable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent porae T. Stratford, Ar. HUNSAKER, MARK 6220 FRONDA AVE NORTH PORT, FL. 34286 9345 Sw Start Conter St Zip Code > W T 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 diregistered agent. SIGNATURE A ire, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President - Viae President Delete K Change X Addition TITLE TITLE george T. Stratford, dr. NAME HUNSAKER, MARK 9345 SW STOFF CRUTER ST STREET ADDRESS 6220 FRONDA AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PORT, FL 34286 Arcadia fr 34269 Treasurer + Secre tam Addition Delete TITLE TITLE Change Susan M. Pittner GRAY, MICHELLE NAME NAME 9345 Sw Start conter St. STREET ADDRESS STREET ADDRESS 6220 FRONDA AVE CITY-ST-ZIP NORTH PORT, FL 34286 CITY-ST-ZIP Arcadia R 34069 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 occurate 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 by executer his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if