

**FILED**  
**Apr 17, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000064359</b> 1. Entity Name <b>CHAUNCEY &amp; WILLIAMS DRILLING SERVICES INC.</b>				<b>Apr 17, 2008 08:00</b> <b>Secretary of S</b>	
Principal Place of Business <b>7803 EDEN RD FT. PIERCE, FL 34951</b>		Mailing Address <b>7803 EDEN RD FT. PIERCE, FL 34951</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				03282008    No Chg-P    CR2E034 (11/05)	
		4. FEI Number <b>14-1925634</b>		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>WILLIAMS, TIMOTHY W 7803 EDEN RD FT. PIERCE, FL 34951</b>				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		DATE: 05/01/08 158.75			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		P WILLIAMS, TIMOTHY W 7803 EDEN RD FT. PIERCE, FL 34951			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		V WILLIAMS, ELIZABETH 7803 EDEN RD FT. PIERCE, FL 34951			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		V CHAUNCEY, JAMES R JR 2416 SAINT LUCIE BLVD FT. PIERCE, FL 34946			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		S CHAUNCEY, JAMES R SR 2416 ST. LUCIE BLVD FT. PIERCE, FL 34946			
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE NAME STREET ADDRESS 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 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: 		4-14-08 464-7967			
_____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			