

ANNUAL REPORT

DOCUMENT # P05000084823

1. Entity Name
SPIVEY WELL DRILLING, INC.



Principal Place of Business
4749 STATE RD 60 EAST
LAKE WALES, FL 33853

Mailing Address
P O BOX 221
LAKE WALES, FL 33859-0221

FILED
Mar 26, 2007 08:00 AM
Secretary of State



03112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2988973

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIVEY, FLOYD M
4749 STATE RD 60 EAST
LAKE WALES, FL 33853

**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 Floyd S. Sivey
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-19-07
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SPIVEY, FLOYD M
STREET ADDRESS	4749 STATE RD 60 EAST
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	WILLIAMS, ELIZABETH J
STREET ADDRESS	1681 COUNTRY WOODS DR
CITY-ST-ZIP	LAKELAND, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/02/07-80032-020 150.00

**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:

Floyd S. Sivey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-19-07 863-676-1635
Date Daytime Phone #