2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 28, 2008 08:00 AM Secretary of State DOCUMENT # P05000141557 1. Entity Name KENNY BAKER WELL DRILLING, INC Principal Place of Business Mailing Address 1206 DUNNDALE STREET LE: IIGH ACRES FL 33936 1206 DUNNDALE STREET LEHIGH ACRES FL 33936 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 20-3650014 Not Applicable Zip Zρ Country Cauntry \$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 Name BAKER, KENNETH Street Address (P.O. Box Number is Not Acceptable) 1206 DUNNDALE STREET LEHIGH ACRES FL 33936 City Zio 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 colligations of registered agent. grin ed sansk of reginlered adent and stie. I hopf cable (NOTE: Redistried Appril a appliant required when reinstituted FILE NOWILL FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TIT: E P.S Change Delete TITLE 000000928984 05/21/08-80050-021 150.00 BAKER, KENNETH NAME NAME STREET ADDRESS 1206 DUNNDALE STREET STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY-ST-ZIP VP.T TITLE De ete TITLE ☐ Change ☐ Addition NAME BAKER DERRA NAME STREET ADDRESS 1206 DUNNDALE STREET STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES FL 33936 CITY-ST-ZIP TITLE De-ere TITLE Change Addition NAME NAME HOWARD, ROBERT STREET ADDRESS STREET ADDRESS **1861 SUNSET TRAIL** CITY-ST-7IP ALVA FL 33920 CITY-ST- ZIP 11111 ☐ Derete ULLE ☐ Change Addition SMITH, PERRY A NAME NAME 411 MCCUISIN RD. STREET ADDRESS STREET ADORESS CITY-ST-ZIP SPRING CITY TN 37581 CHY-ST-ZIP Change HILE Derete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-S1-24F CITY-ST-ZIP TITLE Addition THEF ☐ De ete Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF

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:

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12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, Florida Statutes I further certify that the information