

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2007 8:00 am
Secretary of State

03-01-2007 90011 001 ***150.00

DOCUMENT # P06000018761

1. Entity Name

MID-SOUTH WELL DRILLING, INC.



Principal Place of Business

PO BOX 735
EAGLE LAKE FL 33839

Mailing Address

PO BOX 735
EAGLE LAKE FL 33839



2. Principal Place of Business - No P.O. Box #

462 Hibiscus St. W.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Eagle Lake FL 33839

City & State

City & State

Zip
33839

Country
POLK

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number

20-4292471

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMAS, DANNY L
462 HIBISCUS STREET W
EAGLE LAKE FL 33839

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
THOMAS, DANNY L
PO BOX 735
EAGLE LAKE FL 33839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VP
LANFAIR, WILLIAM D
504 POOL BRANCH RD
FORT MEADE FL 33841 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
ST
THOMAS, BETTY A
PO BOX 735
EAGLE LAKE FL 33839 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Betty A Thomas Betty A. Thomas

2-20-07

863299-1260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #