


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 08:00 AM
Secretary of State

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| DOCUMENT # P25804 1. Entity Name RAPAD DRILLING & WELL SERVICE INC. |  |
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| Principal Place of Business 217 WEST CAPITOL STREET SUITE 201 JACKSON, MS 39201 | Mailing Address 217 WEST CAPITOL STREET SUITE 201 JACKSON, MS 39201 |
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DO NOT WRITE IN THIS SPACE



01052004 No Chg-P CR2E034 (10/03)

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|--|---------------------------------------|
| 4. FEI Number 64-0683312 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

U100000022916
 02/02/04-80005-023 158.75

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTD JAMES, WILLIAM R. 217 W. CAPITOL ST. JACKSON, MS 39201 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VSD CALHOON, RICK J. 217 W. CAPITOL ST. JACKSON, MS 39201 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | AT RIGNEY, JAMES 217 W CAPITOL ST. JACKSON, MS 39201 |
| 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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: William R. James, President 1.5.2004 601.948-5279

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #