2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # P25804

1. Entity Name
RAPAD DRILLING & WELL SERVICE INC.

Principal Place of Business	Mailing Address
217 WEST CAPITOL STREET SUITE 201 JACKSON, MS 39201	217 WEST CAPITOL STREET SUITE 201 JACKSON, MS 39201

DO NOT WRITE IN THIS SPACE

02282007 No Chg-P CR2E034 (11/05)

4. FEI Number
64-0683312
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

U00000707685
04/24/07-80083-016 158.75

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	JAMES, WILLIAM R.
STREET ADDRESS	217 W. CAPITOL ST.
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	VSD
NAME	CALHOON, RICK J.
STREET ADDRESS	217 W. CAPITOL ST.
CITY-ST-ZIP	JACKSON, MS 39201
TITLE	V
NAME	Robbie "Rob" H. Holbrook
STREET ADDRESS	217 W. Capitol St.
CITY-ST-ZIP	Jackson, MS 39201
TITLE	V
NAME	Donald E. Wilson
STREET ADDRESS	217 W. Capitol St.
CITY-ST-ZIP	Jackson, MS 39201
TITLE	V
NAME	Erbie Massengill
STREET ADDRESS	217 W. Capitol St.
CITY-ST-ZIP	Jackson, MS 39201
TITLE	AS AT
NAME	RIGNEY, JAMES
STREET ADDRESS	217 W CAPITOL ST.
CITY-ST-ZIP	JACKSON, MS 39201

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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: William R. James President 4.5.07 601 948.5279
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #