2005 FOR PROFIT CORPORATION

Ian 21. 2005 08:00 AM

	ANNUAL	REPORT "		_			o voivu	
I	MENT # P93000039	352			Se	ecretary	y of State	
1. Entity Nam SWEET \	™ WATER WELL-DRILLING CO		<u> </u> 					
12140 FRAN	ce of Business VKLIN RD. ISSA, FL 33592	Mailing Address 12140 FRANKLIN RD. THONOTOSASSA, FL 33592						
C	OO NOT WRITE	IN THIS SPA	CE	01172005 4. FEI Numb 59-318		CR2E034 (1		
	6. Name and Address of Current R	egistered Agent		l	· · · · · · · · · · · · · · · · · · · 		lequiled	
BUTLER, MONROE D 12140 FRANKLIN RD. THONOTOSASSA, FL 33592					NOT W			
	named entity submits this statement for tions of registered agent. ———————————————————————————————————		ed affice ar register		oth, in the State of Flo	orida. I am familia	r with, and accept	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.0	Selection Campaign Final Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees				
10.	OFFICERS AND D	IRECTORS			U00001	101886 <u>61</u>	00 tên na	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, MONROE D 12140 FRANKLIN RD. THONOTOSASSA, FL 33592				_0172470S	5-80066-01	U2 15 0. 00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS GITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS			IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							<u>-</u>	
TITLE							man in Marian Care of	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PHINTED NAME OF SIDNING OFFICER OR DIRECTOR

Date

Despire Phone V

STREET ADDRESS CITY-ST-ZIP