

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 14, 2007 8:00 am
Secretary of State

08-14-2007 90008 011 ***550.00

DOCUMENT # P94000022090

1. Entity Name

FLORIDA DRILLING SUPPLY, INC.



Principal Place of Business

FLORIDA DRILLING SUPPLY, INC.
1810 SEACREST AVE
IMMOKALEE FL 33934

Mailing Address

1810 SEACREST AVE
IMMOKALEE FL 34142
US



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/07)

City & State

City & State

4. FEI Number **59-3231121**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NUNEZ, RAUL G.
1810 SEACREST AVE
IMMOKALEE FL 33934

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 \$550.00
DUE BY September 5, 2007

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **NUNEZ, RAUL G**
CITY-ST-ZIP **1810 SEACREST AVE**
IMMOKALEE FL 34142

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

TITLE ☐ Delete
NAME **PS**
STREET ADDRESS **NUNEZ, RAUL JR.**
CITY-ST-ZIP **1118 MARJORIE ST**
IMMOKALEE FL 34142

TITLE ☒ Change ☐ Addition
NAME **VP**
STREET ADDRESS **Nunez, Raul JR.**
CITY-ST-ZIP **1118 Marjorie St.**
Immokalee, FL 34142

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **NUNEZ, RENE**
CITY-ST-ZIP **1810 SEACREST AVE**
IMMOKALEE FL 34142

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **Nunez, Oralia R.**
CITY-ST-ZIP **1810 Seacrest Ave**
Immokalee, FL 34142

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Raul G. Nunez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-11-07

Date

Daytime Phone #