2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 22, 2008 8:00 am Secretary of State 01-22-2008 90067 028 ***150.00

DOCUMENT # P9400022090 1. Entity Name FLORIDA DRILLING SUPPLY, INC.					• .	01 22 2000	90007 028 130	3.00
Principal Place of Business FLORIDA DRILLING SUPPLY, INC. 1810 SEACREST AVE IMMOKALEE, FL 33934		Mailing Address 1810 SEACREST AVE IMMOKALEE, FL 34142 US		1 183 11 8 1 119	(8111 818); 48(A 88); 84	II EBHE MENE HEM EBHE IRIH GI	N(T#1 !! (#f)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			IRII EIRIX EEN ERIIX EE	*		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01112008	Chg-P	CR2E034 (12/06)	
City & State		City & State		4. FEI Numbe 59-323		<u> </u>	oplied For of Applicable	
7io	Country	Zip	Countr	У	5. Certificate	of Status Desired	S8.75 Ad	
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees								
10.	OFFICERS AND		11.		ADDITIONS/	CHANGES TO OFF	ICERS AND DIRECTOR	
ITTLE NAME STREET ADDRESS CITY-ST-7IP	P NUNEZ, RAUL G 1810 SEACREST AVE IMMOKALEE, FL 34142	☐ Delete	NAME STREET CITY-S	ADDRESS (☐ Change	☐ Addition (
NAME STREET ADDRESS CITY-S1-ZIP	VP NUNEZ, RAUL JR. 1118 MARJORIE ST IMMOKALEE, FL 34142	☐ Delete	TITLE NAME STREET CITY-S	ADGRESS			☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	S NUNEZ, ORALIA R 1810 SEACREST AVE IMMOKALEE, FL 34142	☐ Deleie	TITLE	ADDRESS			☐ Change	☐ Addition
TITLE NAME. STREET ADDRESS CITY ST-ZIP		☐ Oelete	TITLE NAME STREET CITY-S	ADDRESS ST-ZIP			☐ Change	☐ Addition
TATE NAME STREET ADURESS CHY-ST-ZIP	·	☐ Delete	THILE NAME STREET CITY-S	ADDRESS 31-ZIP			☐ Change	☐ Addition
NITLE NAME. STREET ADDRESS CITY-ST-ZIP 12. I hereby	certify that the information supplied with	☐ Delete ☐ Delete I this filling does not qualify to	CITY-S		d in Chapter 119	, Florida Statutes.	Change	☐ Addition

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR