

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90427 002 ***150.00

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1. Entity Name
ALL AMERICAN WELL DRILLING, INC.

Principal Place of Business
**1889 CR 654
BUSHNELL FL 33513-8863**

Mailing Address
**1889 CR 654
BUSHNELL FL 33513-8863**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3241690**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES

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

**WYNNE, PAULINE
33331 CR 468
LEESBURG FL 34748**

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MOOSE, ALLEN F.	709 MARIETTA ST	LEESBURG FL	<input type="checkbox"/>
	<i>1889 CR 654</i>	<i>Bushnell Fl</i>	<i>33513</i>	
VP	BIGGS, EUGENE	709 MARIETTA ST	LEESBURG FL	<input type="checkbox"/>
	<i>1889 CR 654</i>	<i>Bushnell Fl</i>	<i>33513</i>	
ST	MOOSE, JANENE	709 MARIETTA ST	LEESBURG FL	<input type="checkbox"/>
	<i>1889 CR 654</i>	<i>Bushnell Fl</i>	<i>33513</i>	
VP	BIGGS, GARY	1007 OAK DRIVE	LEESBURG FL 34748	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Janene Moose* **1-22-03** **352-457-3019**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)