

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000051306	
1. Entity Name SOUTHEAST DRILLING SERVICES, INC.	



Principal Place of Business 1930 LAND O LAKES BLVD D #15 LUTZ, FL 33549	Mailing Address P.O. BOX 271723 —TAMPA, FL 33688
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DO NOT WRITE IN THIS SPACE



03302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3252801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ZIEGLER, W.B. 11505 N. GRADY AVE. TAMPA, FL 33624
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTCM ZIEGLER, W.B. 11505 N. GRADY AVENUE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ZIEGLER, SONYA P 11505 N. GRADY AVE. TAMPA, FL 336244715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ZIEGLER, JOHN B 11505 N. GRADY AVE. TAMPA, FL 336244715
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ZIEGLER, WILLIAM C. 11505 N. GRADY AVE TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE

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: Sonya P. Ziegler Sonya P. Ziegler 4-5-05 813-968-7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #