



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000057319 1. Entity Name EVANS WELL DRILLING, INC.			
Principal Place of Business 471 PLEASANT ST LAKE HELEN, FL 32744		Mailing Address P O BOX 246 LAKE HELEN, FL 32744	
DO NOT WRITE IN THIS SPACE		 01202005 No Chg-P CR2E034 (10/03)	
4. FEI Number 59-3257358		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, ROBERT C 718 W. NEW YORK AVE. DELAND, FL 32720		DO NOT WRITE IN THIS SPACE	
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: <u>Robert Brown</u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
10. OFFICERS AND DIRECTORS		U000000298948 04/11/05-80082-019 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D EVANS, JAMES PO BOX 246 N/A LAKE HELEN, FL 32744		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D EVANS, BRIAN PO BOX 246 N/A LAKE HELEN, FL 32744		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D EVANS, JUANITA PO BOX 246 N/A LAKE HELEN, FL 32744		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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: <u>Juanita A. Evans</u> 4-8-05 386-228-3919 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			