

2013 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

13 APR 25 AM 9:10

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P95000068226			
1. Entity Name TRANSAMERICAN DRILLING AND TESTING, INC.			
Principal Place of Business 11615 COLUMBIA PARK DR E JACKSONVILLE, FL 32258 US		Mailing Address PO BOX 57323 JACKSONVILLE, FL 32241 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SANTARELLI, MARK C 11615 COLUMBIA PARK DR E JACKSONVILLE, FL 32258		7. Name and Address of New Registered Agent 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: <u>[Signature]</u> <u>President</u> DATE: <u>10-11-13</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$550.00 Due by September 27, 2013		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 NAME STREET ADDRESS CITY- ST- ZIP	D SANTARELLI, MARK C 11615 COLUMBIA PARK DR E JACKSONVILLE, FL 32258 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition 600253060066 10/22/13--01002--003 ***150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D SANTARELLI, DIANE 11615 COLUMBIA PARK DR E JACKSONVILLE, FL 32258 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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: <u>[Signature]</u> <u>10-11-13</u> <u>DSS23EAD1.COM</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS			

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Session

Transaction ID	Description	Filing Stage
p95000068226-c2a7d616-3e80-4791-a057-41663c0bcfe3	Session file for p95000068226 with last modified date of 4/25/2013 7:56:36 AM Eastern Standard Time	PaymentPage

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
P95000068226-5ddc66ce-bd1e-44ab-b9ec-e41dad5877b	P95000068226	0	2	5/1/2012 12:00:00 AM
P95000068226-a997ac38-8c41-41d7-b7b2-473f0fddcabb	P95000068226	0	2	2/10/2011 12:00:00 AM
p95000068226-c2a7d616-3e80-4791-a057-41663c0bcfe3	P95000068226	150	0	4/25/2013 7:56:36 AM
P95000068226-df2abe4c-512a-4880-a2a0-a3501e96e3f6	P95000068226	0	2	4/6/2010 12:00:00 AM

