

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000095714

1. Entity Name
CANNON WELL-DRILLING, INC.



Principal Place of Business
**1112 HIGH-WAY U.S. 301 EAST
PALMETTO, FL 34221**

Mailing Address
**15450 GOLF COURSE ROAD
PARRISH, FL 34219**

DO NOT WRITE IN THIS SPACE



02102004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0657596

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CANNON, HARRIS H
15450 GOLF COURSE ROAD
PARRISH, FL 34219**

**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

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
CANNON, HARRIS H
STREET ADDRESS
15450 GOLF COURSE ROAD
CITY - ST - ZIP
PARRISH, FL 34219

TITLE
ST
NAME
CANNON, THEOLLA B
STREET ADDRESS
15450 GOLF COURSE ROAD
CITY - ST - ZIP
PARRISH, FL 34219

TITLE
V
NAME
CANNON, WILLIAM R
STREET ADDRESS
15450 GOLF COURSE ROAD
CITY - ST - ZIP
PARRISH, FL 34219

TITLE
V
NAME
CANNON, MARK G
STREET ADDRESS
8131 WOODLAWN CIRCLE
CITY - ST - ZIP
PALMETTO, FL 34221

TITLE
V
NAME
CANNON, JAMES M
STREET ADDRESS
11621 69TH ST. E.
CITY - ST - ZIP
PARRISH, FL 34219

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000071724
03/01/04-80082-016 150.00

**DO NOT WRITE
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)(f), 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: Theolla B. Cannon Theolla B. Cannon Feb. 25, 2004 722-7484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #