

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

FILED

07 NOV 20 PM 2:27

SECRETARY OF STATE



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

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

7. Name and Address of New Registered Agent

CANNON, HARRIS H
15450 GOLF COURSE ROAD
PARRISH FL 34219

Name THEOLLA B. CANNON

Street Address (P.O. Box Number is Not Acceptable)
15450 GOLF COURSE ROAD

City PARRISH

FL

Zip Code 34219

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 Theolla B Cannon

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11/2/07

(DATE)

FILE NOW!!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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 CANNON, HARRIS H ☒ Delete
STREET ADDRESS 15450 GOLF COURSE ROAD
CITY-STATE-ZIP PARRISH FL 34219

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 200109898022
CITY-STATE-ZIP 09/25/07--01039--008 **\$550.00

TITLE NAME ~~ST PST~~ ☐ Delete
CANNON, THEOLLA B
STREET ADDRESS 15450 GOLF COURSE ROAD
CITY-STATE-ZIP PARRISH FL 34219

TITLE NAME ~~PST~~ ☒ Change ☐ Addition
STREET ADDRESS 200109898022
CITY-STATE-ZIP 11/20/07--01029--001 **\$200.00

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Theolla B Cannon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/2/07

Date

Daytime Phone #