

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000024273

1. Entity Name  
BIG BLUE WELL DRILLING, INC.



Principal Place of Business  
2110 WOOTEN RD.  
DOVER, FL 33527

Mailing Address  
2110 WOOTEN RD.  
DOVER, FL 33527

FILED

2006 SEP 18 AM 11:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



07232006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3256771	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**

WYGANT, WAYNE E  
2110 WOOTEN RD.  
DOVER, FL 33527

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 6, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WYGANT, WAYNE E 2110 WOOTEN RD. DOVER, FL 33527
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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000080026100  
09/21/06--01023--003 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Wayne E. Wygant  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 9-11-06 Daytime Phone # \_\_\_\_\_