

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000045587

FILED
Jan 27, 2009
Secretary of State

Entity Name: JAMIE CONNER WELL DRILLING SERVICE, INC.

Current Principal Place of Business:

1278 LEAVINS ROAD
WESTVILLE, FL 32464 US

New Principal Place of Business:

Current Mailing Address:

1278 LEAVINS ROAD
WESTVILLE, FL 32464 US

New Mailing Address:

FEI Number: 59-3384627

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNER, KIMBERLY A
1278 LEAVINS ROAD
WESTVILLE, FL 32464 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CONNER, JAMES
Address: 1278 LEAVINS ROAD
City-St-Zip: WESTVILLE, FL

Title: ST () Delete
Name: CONNER, KIMBERLY
Address: 1278 LEAVINS ROAD
City-St-Zip: WESTVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CONNER, JAMES
Address: 1278 LEAVINS ROAD
City-St-Zip: WESTVILLE, FL 32464

Title: ST (X) Change () Addition
Name: CONNER, KIMBERLY
Address: 1278 LEAVINS ROAD
City-St-Zip: WESTVILLE, FL 32464

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIMBERLY CONNER

ST

01/27/2009

Electronic Signature of Signing Officer or Director

Date