

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)


FILED
Mar 05, 2004 8:00 am
Secretary of State

02-19-2004 90027 005 ***158.75

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MOORE CR2E034 (11/03)

DOCUMENT # P97000008644			
1. Entity Name MOFFITT DRILLING, INC.			
Principal Place of Business 815 SOUTH OSCEOLA AVE ORLANDO FL 32801		Mailing Address 815 SOUTH OSCEOLA AVE ORLANDO FL 32801	
2. Principal Place of Business SAMS		3. Mailing Address	
Suite, Apt. #, etc. AS		Suite, Apt. #, etc.	
City & State ABOVE		City & State	
Zip ABOVE		Country	
4. FEI Number 59-3420793		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOFFITT, RONALD W 815 SOUTH OSCEOLA AVE ORLANDO FL 32801		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 Ronald W. Moffitt		SIGNATURE Ronald W. Moffitt (President) DATE 2/13/04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MOFFITT, RONALD W 815 SOUTH OSCEOLA AVE ORLANDO FL 32801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ronald W. Moffitt		Date 2/29/04 Daytime Phone # 4078415812	

Ronald W. Moffitt