2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 11, 2005 8:00 am **Secretary of State** DOCUMENT # P97000008644 1. Entity Name 02-11-2005 90055 021 ***158.75 MOFFITT DRILLING, INC. Principal Place of Business Mailing Address *815 SOUTH OSCEOLA AVE ORLANDO FL 32801 815 SOUTH OSCEOLA AVE 20014431 ORLANDO FL 32801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/04) City & State City & State Applied For 59-3420793 Not Applicable Zip OKANA S Żip \$8.75 Additional 5. Certificate of Status Desired OKANAE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOFFITT, RONALD W Street Address (P.O. Box Number is Not Acceptable) 815 SOUTH OSCEOLA AVE ORLANDO FL 32801 4 City 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change Addition MOFFITT, RONALD W NAME NAME 815 SOUTH OSCEOLA AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32801 CITY-ST-ZIP ☐ Defete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

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on an attachment with an address, with all other like empowered

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