2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000080602

1. Entity Name
DRILLING SERVICES, INC.

Principal Place of Business	Mailing Address
5695 NORTH U.S. HIGHWAY 1 VERO BEACH, FL 32967	P.O. DRAWER 40 VERO BEACH, FL 32961 US

07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3472419
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CROCCO, DOMENIC
1656 40TH AVENUE
VERO BEACH, FL

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 8, 2004

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	V
NAME	CROCCO, DOMENIC C
STREET ADDRESS	1656 40TH AVENUE
CITY-ST-ZIP	VERO BEACH, FL 32960
TITLE	V
NAME	CROCCO, LEONARD M
STREET ADDRESS	1000 17TH ST SW
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	P
NAME	TUCCILLO, DANIEL R
STREET ADDRESS	201 STRAITSVILLE RD
CITY-ST-ZIP	PROSPECT, CT 06712
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/22/04-80001-009 150.00

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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: Domenic M Crocco 9-3-04 772-564-0043
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #