

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000078214

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** FULL BORE DIRECTIONAL, INC.

**Current Principal Place of Business:**

4921 15TH AVE SOUTH  
GULFPORT, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

4921 15TH AVE SOUTH  
GULFPORT, FL 33707

**New Mailing Address:**

FEI Number: 59-3597601

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MENDEZ, ROBERT M  
12864 GORDA CIRCLE WEST  
LARGO, FL 33773 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MENDEZ, ROBERT M  
Address: 12864 GORDA CIRCLE WEST  
City-St-Zip: LARGO, FL 33773

Title: VP  
Name: ZALOPANY, PETER J  
Address: 7796 132ND WAY  
City-St-Zip: SEMINOLE, FL 33776

I hereby 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 all other like empowered.

SIGNATURE: ROBERT MENDEZ

RA

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date