

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P99000102249

1. Entity Name
AMERICAN DRILLING SERVICES, INC.



Principal Place of Business
405 SW 2ND STREET
OKEECHOBEE, FL 34974

Mailing Address
405 SW 2ND STREET
OKEECHOBEE, FL 34974

FILED
Jul 26, 2005 08:00 AM
Secretary of State



07162005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0965301

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DE CARLO, FRANK
405 SW 2ND STREET
OKEECHOBEE, FL 34974

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

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
NAME
STREET ADDRESS
CITY- ST- ZIP
DP
DECARLO, FRANK
405 SW 2ND STREET
OKEECHOBEE, FL 34974

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
DST
RENO, SARAH
8793 SE 68TH STREET
OKEECHOBEE, FL 34974

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

UN0000374623
07/26/05-80008-017 150.00

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/20/05