

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90188 038 \*\*\*150.00

**DOCUMENT # P99000109468**

1. Entity Name

B.C WELL DRILLING COMPANY, INC.



Principal Place of Business

1593 SE VILLAGE GREEN DR.  
UNIT #5  
PORT SAINT LUCIE FL 34952

Mailing Address

1879 SW FEARS AVE  
PORT SAINT LUCIE FL 34953



2. Principal Place of Business

2607 Kerr St.  
Suite, Apt. #, etc.

3. Mailing Address

2607 Kerr St.  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Ft. Pierce, FL

Zip  
34947

Country

City & State

Ft. Pierce, FL

Zip  
34947

Country

4. FEI Number

65-0967085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLEVELAND, ROBERT  
1879 SW FEARS AVE  
PORT ST LUCIE FL  
2607 Kerr St.  
Ft. Pierce, FL  
34947

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME CLEVELAND, ROBERT  
STREET ADDRESS 1879 SW FEARS AVE 2607 Kerr St.  
CITY - ST - ZIP PORT ST LUCIE FL Ft. Pierce, FL 34947

TITLE ST ☐ Delete  
NAME CLEVELAND, THERESA  
STREET ADDRESS 1879 SW FEARS AVE 882 SW Abingdon Ave.  
CITY - ST - ZIP PORT ST LUCIE FL PSL, FL 34953

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** *Robert Cleveland Theresa Cleveland* 2/25/06 772-462-5234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #