


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90074 015 ***150.00

DOCUMENT # S60790	
1. Entity Name THOMASON WELL DRILLING, INC.	

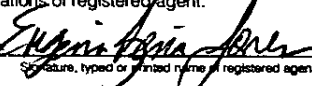
Principal Place of Business %WILLIAM SCOTT FOSTER 909 MAR WALT DR., STE. 1014 FT. WALTON BEACH, FL 32547	Mailing Address %WILLIAM SCOTT FOSTER 909 MAR WALT DR., STE. 1014 FT. WALTON BEACH, FL 32547
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2. Principal Place of Business 328 Seminole Street Suite, Apt. #, etc.	3. Mailing Address 328 Seminole Street Suite, Apt. #, etc.
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City & State Fort Walton Beach FL	City & State Fort Walton Beach FL
Zip 32547	Country U.S.

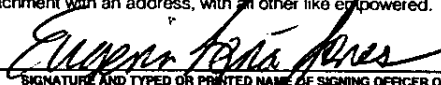
6. Name and Address of Current Registered Agent FOSTER, WILLIAM SCOTT 909 MAR WALT DRIVE SUITE 1014 FT. WALTON BEACH, FL 32547	
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7. Name and Address of New Registered Agent Name Eugenia Rena Jones Street Address (P.O. Box Number is Not Acceptable) 328 Seminole Street City Fort Walton Beach FL Zip Code 32547	
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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  Eugenia Rena Jones ST.	DATE 4/5/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMASON, JAMES E 328/ SEMINOLE ST FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMASON, BARBARA R 328 SEMINOLE ST FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JONES, EUGENIA R 328 SEMINOLE ST FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.	
SIGNATURE:  Eugenia Rena Jones	DATE 4/5/05 Daytime Phone # 850 862-4613