2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2005
Secretary of State

DOCUMENT# V20055

Entity Name: NORTH FLORIDA DRILLING SERVICES, INC.

Current Principal Place of Business:

3730 SE 56TH AVE
OCALA, FL 34471 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 830339
OCALA, FL 344830339 US

New Mailing Address:

FEI Number: 59-3110582 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HACKWORTH, BRENT PRES.
3730 SE 56TH AVE
OCALA, FL 34471 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	DP	( ) Delete
Name:	HACKWORTH, BRENT PRES.	
Address:	3730 SE 56TH AVE	
City-St-Zip:	OCALA, FL 34471	
Title:	V	( ) Delete
Name:	HACKWORTH, CONNIE R V-PRES	
Address:	3730 S E 56TH AVE	
City-St-Zip:	OCALA, FL 34471	
Title:	S	( ) Delete
Name:	HACKWORTH, CONNIE R SEC	
Address:	3730 S E 56TH AVE	
City-St-Zip:	OCALA, FL 34471	
Title:	T	( ) Delete
Name:	HACKWORTH, CONNIE R TREAS	
Address:	3730 S E 56TH AVE	
City-St-Zip:	OCALA, FL 34471	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CONNIE R HACKWORTH VP 01/16/2005

Electronic Signature of Signing Officer or Director — Date