

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V20055

FILED
Jan 24, 2007
Secretary of State

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 ()

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 Chapter 119, 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 RAE HACKWORTH

VP

01/24/2007

Electronic Signature of Signing Officer or Director

Date