

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V20055

FILED  
Feb 25, 2009  
Secretary of State

Entity Name: NORTH FLORIDA DRILLING SERVICES, INC.

## Current Principal Place of Business:

3730 SE 56TH AVE  
OCALA, FL 34480 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 34480 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 34480

Title: V ( ) Delete  
Name: HACKWORTH, CONNIE R V-PRES  
Address: 3730 S E 56TH AVE  
City-St-Zip: Ocala, FL 34480

Title: S ( ) Delete  
Name: HACKWORTH, CONNIE R SEC  
Address: 3730 S E 56TH AVE  
City-St-Zip: Ocala, FL 34480

Title: T ( ) Delete  
Name: HACKWORTH, CONNIE R TREAS  
Address: 3730 S E 56TH AVE  
City-St-Zip: Ocala, FL 34480

## 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 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 R HACKWORTH

VP

02/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date