

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V20055

**FILED**  
**May 03, 2012**  
**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

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** HACKWORTH, BRENT PRES.  
**Address:** 3730 SE 56TH AVE  
**City-St-Zip:** Ocala, FL 34480

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** CONNIE R HACKWORTH

VP

05/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date