## 2004 FOR PROFIT CORPORATION.

## **FILED ANNUAL REPORT (AR)** May 03, 2004 8:00 am **Secretary of State** DOCUMENT # V29923 1. Entity Name 05-03-2004 91239 028 \*\*\*150.00 TANNER'S WELL DRILLING, INC. Mailing Address Principal Place of Business 2655 COUNTY ROAD 830 PO BOX 211 **FELDA FL 33930** FELDA FL 33930 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0333426 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANNER, TRAMMEL E Street Address (P.O. Box Number is Not Acceptable) **2655 COUNTY ROAD 830 FELDA FL 33930** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE HALE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE ☐ Channe TITLE ☐ Delete TANNER, TRAMMEL E NAME NAME 2655 COUNTY RD 830 STREET ADDRESS STREET ADDRESS FELDA FL 33930 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Delete Addition TATLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME ----MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Addition

Change

TRAMMEL & TANINER 3-4-04 863-675-0073