2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## May 08, 2006 8:00 am Secretary of State **DOCUMENT # V29923** Entity Name 04-18-2006 90079 019 \*\*\*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. CB2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0333426 . Not Applicable Country \$8.75 Additional 5. Certificate of Status Desirent Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TANNER, TRAMMEL E 2655 COUNTY ROAD 830 Street Address (P.O. Box Number is Not Acceptable) **FELDA FL 33930** City Zip Code 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. 2.28-06 FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2006 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. TITLE ☐ Delete TITLE Change ☐ Addition TANNER, TRAMMEL E NAME NAME STREET ADDRESS STREET ADORESS 2655 COUNTY RD 830 CITY-ST-ZIP CITY-ST-ZIP FELDA FL 33930 TITLE Defete TITLE Change ☐ Addition NAME MME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DILE Delete IIILE ☐ Change ☐ Addition MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP TITLE ☐ Detete me ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-2P ☐ Change ☐ Addition MILE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

FILED