


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V52481</b> 1. Entity Name <b>SOUTHERN WELL SERVICES, INC.</b>	
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Principal Place of Business <b>15508- 62ND ST. N. CLEARWATER, FL 33760 US</b>	Mailing Address <b>P O BOX 8145 CLEARWATER, FL 33758-8145 US</b>
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**DO NOT WRITE IN THIS SPACE**



03142006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3135113</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MOON, NORMAN R JR.  
15508- 62ND ST. N.  
CLEARWATER, FL 33760**

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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

<b>FILE NOW!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>1100000472441</b> <b>03/29/06-80036-022 158.75</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD MOON, NORMAN R JR. 15508- 62ND ST. N. CLEARWATER, FL 33760</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: *Norman R Moon Jr* **3/14/06** (727) 531-7559  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #