


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State


04-26-2004 90516 022 ***150.00

DOCUMENT # 188591	
1. Entity Name EASTERN OIL COMPANY	

Principal Place of Business 205 S HOOVER ST TAMPA, FL 33609	Mailing Address 205 S HOOVER ST TAMPA, FL 33609
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01010011



04212004 Chg-P CR2E034 (10/03)

4. FEI Number 59-0761112	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
WILSON, J. STYLES 205 S HOOVER ST TAMPA, FL 33609	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	VD <input type="checkbox"/> Delete
NAME	FARMER, JD
STREET ADDRESS	205 S HOOVER ST #400
CITY-ST-ZIP	TAMPA, FL
TITLE	T <input checked="" type="checkbox"/> Delete
NAME	RAWLINS, WANITA M.
STREET ADDRESS	205 S. HOOVER ST.
CITY-ST-ZIP	TAMPA, FL
TITLE	DP <input type="checkbox"/> Delete
NAME	HUGHEY, MIKE
STREET ADDRESS	205 S HOOVER ST
CITY-ST-ZIP	TAMPA, FL 00000,
TITLE	SD <input type="checkbox"/> Delete
NAME	CARTER, SHIRLEY H.
STREET ADDRESS	205 S HOOVER ST.
CITY-ST-ZIP	TAMPA, FL
TITLE	VPD <input type="checkbox"/> Delete
NAME	THATCHER, CAROLYN
STREET ADDRESS	205 SOUTH HOOVER STREET, #400
CITY-ST-ZIP	TAMPA, FL 33609
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Thatcher
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Director Evelyn Hughey
STREET ADDRESS	205 S Hoover Blvd 400
CITY-ST-ZIP	Tampa, FL 33609

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.

SIGNATURE: Shirley Ann Carter, Sec. **4/22/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #