

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005 8:00 am
Secretary of State

01-11-2005 90009 010 ***158.75

DOCUMENT # 366492	
1. Entity Name WARE OIL & SUPPLY COMPANY INC	

Principal Place of Business 2715 S BYRON BUTLER PKWY PERRY, FL 32347	Mailing Address 2715 S BYRON BUTLER PKWY PERRY, FL 32347
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50001341

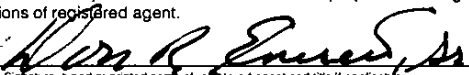


01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1297200	Applied For Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

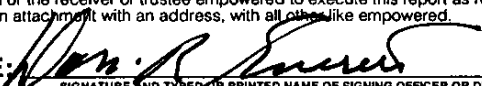
6. Name and Address of Current Registered Agent EVERETT, DON 2715 S BYRON BUTLER PKWY PERRY, FL 32347	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE: 	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVERETT, DONALD R. 2715 S BYRON BUTLER PKWY PERRY, FL 32348
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST EVERETT, DONA M. (MRS.) 103 RIDGE RD. PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVERETT, DON R., JR. 2715 S. BUTLER PKWY PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP + ASST. Secy EVERETT, DOUGLAS M. 2715 S. BUTLER PKWY PERRY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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