2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 366492

Title:

Name: Address:

City-St-Zip:

VAS

PERRY, FL

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EVERETT, DOUGLAS M.,

2715 S. BUTLER PKWY

Entity Name: WARE OIL & SUPPLY COMPANY INC

FILED Jun 06, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2715 S BYRON BUTLER PKWY PERRY, FL 32347 **Current Mailing Address: New Mailing Address:** 2715 S BYRON BUTLER PKWY PERRY, FL 32347 FEI Number: 59-1297200 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **EVERETT, DON** 2715 S BYRON BUTLER PKWY PERRY, FL 32347 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. SIGNATURE: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition EVERETT, DONALD R., Name: Name: 2715 S BYRON BUTLER PKWY Address: Address: City-St-Zip: PERRY, FL 32348 City-St-Zip: Title: Title: () Delete () Change () Addition EVERETT, DONA M. (MR, S.) Name: Name: 103 RIDGE RD. Address: Address: PERRY, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition EVERETT, DON R., JR., Name: Name: 2715 S. BUTLER PKWY Address: Address: City-St-Zip: PERRY, FL City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JENNIFER L. SCHWAB CFO 06/06/2007

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