


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F39063</b>	
1. Entity Name BERNER OIL CO., INC.	

Principal Place of Business 440 E. HAITI AVE. CLEWISTON, FL 33440 US	Mailing Address P.O. BOX 1205 CLEWISTON, FL 33440 US
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**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2137307	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>DO NOT WRITE IN THIS SPACE</b>
BERNER, CARL E 440 E HAITI AVE CLEWISTON, FL 33440	

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	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 NAME STREET ADDRESS CITY-ST-ZIP	P BERNER, CARL E 125 W AVENIDA DEL RIO CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARVER, ROBERT L 804 CEDAR STREET CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC BERNER, SYLVIA A 125 AVENIDA DEL RIO CLEWISTON, FL 33440
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE IN THIS SPACE**

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01/22/07-80003-002-158.75

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 and 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 # \_\_\_\_\_