

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000657

FILED
Feb 18, 2004
Secretary of State

Entity Name: OIL PATCH HOTLINE, INC.

Current Principal Place of Business:

1234 LYNWOOD AVENUE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 161132
ALTAMONTE SPRINGS, FL 32716

New Mailing Address:

FEI Number: 45-0358281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANK, DENNIS
1334 LYNWOOD AVE
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BLANK, DENNIS
Address: 1234 LYNWOOD AVE
City-St-Zip: APOPKA, FL

Title: TS () Delete
Name: BLANK, LINDA N
Address: 1234 LYNWOOD AVE
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BLANK, DENNIS M
Address: 1234 LYNWOOD AVE
City-St-Zip: APOPKA, FL

Title: TS (X) Change () Addition
Name: BLANK, LINDA N
Address: 1234 LYNWOOD AVE
City-St-Zip: APOPKA, FL 32703

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: DENNIS M BLANK

PD

02/18/2004

Electronic Signature of Signing Officer or Director

_____ Date