2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H05041

Entity Name: FLORIDA PETROLEUM CORPORATION

FILED Jan 04, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
231 NORT	H FRONT STI DINA BEACH, I	REET					
Current Mailing Address:				New Mailing Address:			
PO BOX 26 JACKSON	6329 VILLE, FL 322	226					
FEI Number:	59-2412672	FEI Number Applied For()	FEI Number N	Not Applic	cable ()	Certificate of Sta	atus Desired ()
Name and	Address of C	Current Registered Agent:	Nan	ne and <i>i</i>	Address of N	ew Registered	l Agent:
	., JR. PORT ROAD VILLE, FL 322	218 US					
The above in the State	named entity e of Florida.	submits this statement for the p	urpose of cha	inging its	s registered of	fice or register	ed agent, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent						Date	
Election Can	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	CONNER, LAG 231 NORTH FR		Title: Name Addre City-	e:	()	Change () Additi	on
Title: Name: Address: City-St-Zip:	D (HALL, Y. E., JF 136 E. PORT F JACKSONVILL	D	Title: Name Addre City-	e: ess:	PD (X) HALL, Y.E. JR. 136 EASTPORT JACKSONVILLE		on
Title: Name: Address: City-St-Zip:	VP (WILSON, THOI 136 E. PORT F JACKSONVILL	D	Title: Name Addre City-	e: ess:	VPST (X) WILSON, THOM 136 EASTPORT JACKSONVILLE	ROAD	on
Title: Name: Address: City-St-Zip:	VP (HIGGINBOTHA 136 EASTPOR JACKSONVILL	ROAD	Title: Name Addro City-	e:	VP (X) HIGGINBOTHAN 136 EASTPORT JACKSONVILLE	ROAD	on
Title: Name: Address: City-St-Zip:) Delete	Title: Name Addre City-	e:	D () SWINSON, GRE 136 EASTPORT JACKSONVILLE	ROAD	on
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name Addre City-	e:	D () BRYAN, CHRIST 136 EASTPORT JACKSONVILLE	ROAD	on

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.

SIGNATURE: THOMAS E. WILSON STVP 01/04/2008