2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S40304

1. Entity Name
UNITED OIL CO. INC.

Principal Place of Business	Mailing Address
5012 E BROAD WAY AVE TAMPA, FL 33619 US	PO BOX 273941 TAMPA, FL 33688

COPY

DO NOT WRITE IN THIS SPACE

04182005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-3049023	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GHANNAD, HAMID
14021 SHADY SHORES DR
TAMPA, FL 33613

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

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 Bo Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	GHANNAD, HAMID
STREET ADDRESS	14021 SHADY SHORES DR
CITY-ST-ZIP	TAMPA, FL 33613

TITLE	D
NAME	GHANNAD, SHAHNAZ
STREET ADDRESS	14021 SHADY SHORES DR
CITY-ST-ZIP	TAMPA, FL 33613

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/05/05-80017-012 150.00

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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: _____   4-27-05   813-24-4710

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