

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J01547

FILED  
Jan 17, 2005  
Secretary of State

Entity Name: SMITH BROTHERS OIL COMPANY, INC.

## Current Principal Place of Business:

765 W. MAIN ST.  
BARTOW, FL 33830 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3889  
P.O. BOX 3889  
LAKELAND, FL 33802 US

## New Mailing Address:

FEI Number: 59-2642884      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WEEKS, RALPH W.  
1625 GEORGE JENKINS BLVD  
LAKELAND, FL 33815 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: DC ( ) Delete  
Name: WEEKS, RALPH W.,  
Address: 1625 GEORGE JENKINS BLVD  
City-St-Zip: LAKELAND, FL 33815

Title: DP ( ) Delete  
Name: WEEKS, R. STEPHEN  
Address: 1625 GEORGE JENKINS BLVD  
City-St-Zip: LAKELAND, FL 33815

Title: ST ( ) Delete  
Name: THOMPSON, JAMES E  
Address: 1625 GEORGE JENKINS BLVD  
City-St-Zip: LAKELAND, FL 33815

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES E THOMPSON

ST

01/17/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date