


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # J01547 1. Entity Name SMITH BROTHERS OIL COMPANY, INC.	
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Principal Place of Business 765 W. MAIN ST. BARTOW, FL 33830 US	Mailing Address P.O. BOX 3889 P.O. BOX 3889 LAKELAND, FL 33802 US
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DO NOT WRITE IN THIS SPACE



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2642884	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WEEKS, RALPH W
1625 GEORGE JENKINS BLVD
LAKELAND, FL 33815**

**DO NOT WRITE
IN THIS SPACE**

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

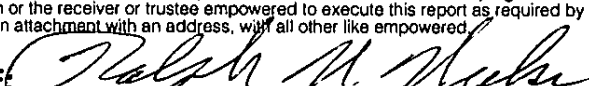
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WEEKS, RALPH W 1625 GEORGE JENKINS BLVD LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEEKS, R. STEPHEN 1625 GEORGE JENKINS BLVD LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEEKS, SHANE S 1625 GEORGE JENKINS RD LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RHODEN, THOMAS J 1625 GEORGE JENKINS RD LAKELAND, FL 33815
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/22/08-80093-006 288.75

**DO NOT WRITE
IN THIS SPACE**

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 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 **4/21/08** Daytime Phone # _____