

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J01547

FILED
Mar 30, 2009
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: S () Delete
Name: WEEKS, SHANE S
Address: 1625 GEORGE JENKINS RD
City-St-Zip: LAKELAND, FL 33815

Title: T () Delete
Name: RHODEN, THOMAS J
Address: 1625 GEORGE JENKINS RD
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:

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

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: RALPH W. WEEKS

DC

03/30/2009

Electronic Signature of Signing Officer or Director

Date