

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 14, 2006 08:00 AM
Secretary of State**

DOCUMENT # 013530

**1. Entity Name
ALACHUA TUNG OIL COMPANY**



**Principal Place of Business
51 CHESTNUT RIDGE ROAD
MONTVALE, NJ 07645**

**Mailing Address
51 CHESTNUT RIDGE ROAD
MONTVALE, NJ 07645**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-6181777

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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, 2006 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**

☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE S
NAME GLACCUM, JOANN
STREET ADDRESS 51 CHESTNUT RIDGE ROAD
CITY-ST-ZIP MONTVALE, NJ 07645

TITLE COO
NAME ABRAMS, DENIS
STREET ADDRESS 51 CHESTNUT RIDGE ROAD
CITY-ST-ZIP MONTVALE, NJ 07645

TITLE PD
NAME DUPUY, YVAN
STREET ADDRESS 23 MACINTYRE RD
CITY-ST-ZIP ALLENDALE, NJ

TITLE VT
NAME DEVINE, DONALD
STREET ADDRESS 51 CHESTNUT RIDGE RD
CITY-ST-ZIP MONTVALE, NJ 07645

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000510460
04/29/06-80008-021 150.00

**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

Daytime Phone #