FILED
Jan 25, 2007 08:00 AM
Secretary of State

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 134407

1. Entity Name
CENTRAL OIL CO INC

Principal Place of Business	Mailing Address
CENTRAL OIL CO. 1001 MCCLOSKY BLVD. TAMPA, FL 33605 US	P O. BOX 2826 MOBILE, AL 36652 US

DO NOT WRITE IN THIS SPACE

01192007 No Chg-P CR2E034 (11/05)

4 FEI Number
59-0914530
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9 Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	ASD
NAME	BONDURANT, ROBERT D
STREET ADDRESS	4200 STONE RD
CITY-ST-ZIP	KILGORE, TX 75663
TITLE	PD
NAME	MARTIN, RUBEN S III
STREET ADDRESS	4200 STONE RD
CITY-ST-ZIP	KILGORE, TX 75663
TITLE	VPD
NAME	NEUMEYER, DONALD R
STREET ADDRESS	4200 STONE RD
CITY-ST-ZIP	KILGORE, TX 75663
TITLE	STD
NAME	SKELTON, WESLEY
STREET ADDRESS	4200 STONE RD
CITY-ST-ZIP	KILGORE, TX 75663
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/26/07-80068-012 150.00

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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: _____ 1/23/07 903-983-6652
SIGNATURE AND TYPED OR PRINTED NAME OF MANUAL OFFICER OR DIRECTOR — Date — Daytime Phone #