

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 22 AM 9:14

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DOCUMENT # 199388
1. Entity Name
AMALIE OIL COMPANY



Principal Place of Business
**1601 MCCLOSKEY BLVD.
TAMPA, FL 33605**

Mailing Address
**1601 MCCLOSKEY BLVD.
TAMPA, FL 33605**

DO NOT WRITE IN THIS SPACE



01242005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0810351 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARKETT, KENNETH D
1601 MCCLOSKEY BLVD
TAMPA, FL 33605**

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 _____ 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, 2005 Fee will be \$550.00

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

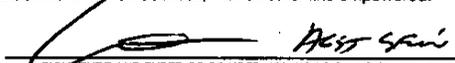
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BARKETT, HARRY J 1601 MCCLOSKEY BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD BARKETT, ANTHONY J 1601 MCCLOSKEY BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BARKETT, KENNETH D (ASST 1601 MCCLOSKEY BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARKETT, RICHARD A 1601 MCCLOSKEY BLVD TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **3/9/05** **813-248-1988**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #