


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # 199388 1. Entity Name AMALIE OIL COMPANY	
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Principal Place of Business 1601 MCCLOSKEY BLVD. TAMPA, FL 33605	Mailing Address 1601 MCCLOSKEY BLVD. TAMPA, FL 33605
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0810351	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARKETT, KENNETH D
1601 MCCLOSKEY BLVD
TAMPA, FL 33605

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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 _____ (NOTE: Registered Agent signature required when rechartering) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	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	

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01/26/07-80098-013 1143.75

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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: *Asst Sec* 1/9/07 813 240-1988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #