

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 FEB 18 PM 1:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

[Handwritten Signature]



02042008 No Chg-P CR2E034 (11/05)

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| | |
|-----------------------------|-------------------------------|
| 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

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/08
Date

813 248 4583
Daytime Phone #