

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2006 8:00 am**  
**Secretary of State**

02-02-2006 90046 045 \*\*\*150.00

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01272006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 250516</b> 1. Entity Name <b>MCCARLEY OIL CO INC</b>					
Principal Place of Business <b>1450 MANGO AVE</b> <b>PO BOX 1112</b> <b>SARASOTA, FL 34237-2821</b>			Mailing Address <b>1450 MANGO AVE</b> <b>PO BOX 1112</b> <b>SARASOTA, FL 34230</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>59-0935668</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>LYONS, JOHN J</b> <b>1605 MAIN STREET</b> <b>SUITE 1111</b> <b>SARASOTA, FL 34236</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <b>MCCARLEY, DEAN</b> <input checked="" type="checkbox"/> Delete <b>10911 NW 36TH PL</b> <b>GAINESVILLE, FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	President - Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Daniel E. McCarley</b> <b>5588 Ships Channel Cir</b> <b>Sarasota, FL 34231</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD <b>MCCARLEY-WARNER, DINAH</b> <input checked="" type="checkbox"/> Delete <b>4638 SLOEWOOD COURT</b> <b>MOUNT DORA, FL 32757</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <b>MCCARLEY, PATRICIA</b> <input type="checkbox"/> Delete <b>5588 SHIPS CHANNEL CIR.</b> <b>SARASOTA, FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP/ ST / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Patricia L. McCarley</b> <b>5588 Ships Channel Cir</b> <b>Sarasota, FL 34231</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: Patricia L McCarley</b>			01-30-06 941-955-0296 Date Daytime Phone #		