

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 276933

FILED
Feb 25, 2005
Secretary of State

Entity Name: MORRISON TUNG OIL COMPANY

Current Principal Place of Business:

P. O. BOX 791
TAVERNIER, FL 33070 US

New Principal Place of Business:

P.O. BOX 430612
BIG PINE KEY, FL 33043 US

Current Mailing Address:

P. O. BOX 791
TAVERNIER, FL 33070 US

New Mailing Address:

P. O. BOX 430612
BIG PINE KEY, FL 33043 US

FEI Number: 59-1088073

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGDON G. MORRISON
223 HISPANOLA STREET
TAVERINER, FL 33070 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: MORRISON, NATALIE,
Address: P. O. BOX 791
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: MORRISON, TREY,
Address: P. O. BOX 791
City-St-Zip: TAVERNIER, FL 33070

Title: PD () Delete
Name: MORRISON, LANGDON,
Address: P. O. BOX 791
City-St-Zip: TAVERNIER, FL 33070

Title: D () Delete
Name: MORRISON, HEATHER
Address: P. O. BOX 791
City-St-Zip: TAVERNIER, FL 33070

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: MORRISON, NATALIE,
Address: P. O. BOX 430612
City-St-Zip: BIG PINE KEY, FL 33043

Title: D (X) Change () Addition
Name: MORRISON, TREY,
Address: P. O. BOX 430612
City-St-Zip: BIG PINE KEY, FL 33043

Title: PD (X) Change () Addition
Name: MORRISON, LANGDON,
Address: P. O. BOX 430612
City-St-Zip: BIG PINE KEY, FL 33043

Title: D (X) Change () Addition
Name: MORRISON, HEATHER
Address: P. O. BOX 430612
City-St-Zip: BIG PINE KEY, FL 33043

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LANGDON G. MORRISON

PD

02/25/2005

Electronic Signature of Signing Officer or Director

_____ Date