## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 319844**

Entity Name: GLOVER OIL CO., INC.

3109 S. MAIN ST.

MELBOURNE, FL 32901

Address:

City-St-Zip:

FILED Jan 14, 2009 Secretary of State

	OLOVEK	012 00., 1140.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	TH MAIN ST. RNE, FL 32901				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P.O. BOX MELBOUF	790 RNE, FL 32902	<u>!</u>			
FEI Number	: 59-1173357	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
GLOVER 0 3109 SOU	JOSEPH H OV OIL COMPANY TH MAIN STRI RNE, FL 32901	, INC EET			
	named entity se of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	O () GLOVER, JOSE 3109 SOUTH M MELBOURNE, I	AIN ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TS () GLOVER, JOSE 3109 SOUTH M MELBOURNE, I	AIN ST.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () MARSHALL, TIN 3109 S MAIN S' MELBOURNE, I	Г	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VP () MARSHALL, KE	Delete NNETH H	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: KENNETH H. MARSHALL VP 01/14/2009