2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #361893

1. Entity Name

Principal Place of Business

JACKSONVILLE, FL 32216-0602

6220 BEACH BLVD

P.O. BOX 8602

HARVEY FUEL OIL SERVICES, INC.



Mailing Address

6220 BEACH BLVD P.O. BOX 8602

JACKSONVILLE, FL 32216-0602 US

FILED Feb 02, 2007 08:00 AM Secretary of State



DO	NOT	WRITE	IN	THIS	SPACE
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01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1296408

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

HARVEY, S. E. JR. 7130 MARBLE COURT JACKSONVILLE. FL 32211

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or private name of registered agent and title it specialis. NOTE Registered Agent algorithe required when revisable product in the state of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or separate or registered agent agents or registered agent, or separate or registered agent agents or registered agent agents or registered agent, or separate or registered agent, or separate or registered agent, or sepa			į		IIN	I FIIS SPACE
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After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 10. OFFICERS AND DIRE	SIGNATURE_	Signature, typed or printed name of registered agent and title t	fapplicable. (NOTE, Registere	i Agent signature	required when reinstating)	DATE
TITLE NAME STREET ADDRESS CITY-ST- ZIP NAME STREET ADDRESS CITY-ST	FILI After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00			\$5.00 May Be Added to Fees	
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS				IN '	THIS SPACE
NAME Street address	NAME Street address					
	name Street address					

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: SIGNATURE AND TYPED ON PRINTED HAVE OF SIGNING OFFICER ON DIRECTOR

1-30-07

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