

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT.**

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

DOCUMENT # 361893

1. Entity Name
HARVEY FUEL OIL SERVICES, INC.



Principal Place of Business
**6220 BEACH BLVD
P.O. BOX 8602
JACKSONVILLE, FL 32216-0602**

Mailing Address
**6220 BEACH BLVD
P.O. BOX 8602
JACKSONVILLE, FL 32216-0602 US**



01162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1296408

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	BARNETT, PEGGY
STREET ADDRESS	7130 MARBLE COURT
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	STD
NAME	HARVEY, ROSEMARY
STREET ADDRESS	7130 MARBLE COURT
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	PD
NAME	HARVEY JR, S.E.
STREET ADDRESS	7130 MARBLE COURT
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/07/07-80078-016 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Samuel E. Harvey Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-07