

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 379536

1. Entity Name
QUALITY PETROLEUM CORPORATIONPrincipal Place of Business
1625 GEORGE JENKINS BLVD.
LAKELAND, FL 33815 USMailing Address
PO BOX 3889
LAKELAND, FL 33802 USFILED
08 MAY 16 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03312008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1354660	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEEKS, RALPH W
1625 GEORGE JENKINS BLVD
LAKELAND, FL 33815DO 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, 2008 Fee will be \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	WEEKS, RALPH
STREET ADDRESS	1625 GEORGE JENKINS BLVD.
CITY-ST-ZIP	LAKELAND, FL 33815

TITLE	DP
NAME	WEEKS, R. STEPHEN
STREET ADDRESS	1625 GEORGE JENKINS BLVD
CITY-ST-ZIP	LAKELAND, FL 33815

TITLE	S
NAME	WEEKS, SHANE
STREET ADDRESS	1625 GEORGE JENKINS BLVD
CITY-ST-ZIP	LAKELAND, FL 33815

TITLE	T
NAME	RHODEN, JASON
STREET ADDRESS	1625 GEORGE JENKINS BLVD
CITY-ST-ZIP	LAKELAND, FL 33815

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

\$15/20

200130739762
06/04/08--01034--002 **4601.25DO 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Date

Daytime Phone #