## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 18, 2007 8:00 am Secretary of State **DOCUMENT # 387958** 1. Entity Name 05-18-2007 90025 024 \*\*\*150.00 PETROLEUM SERVICE CO. OF PENSACOLA INC. Principal Place of Business Mailing Address P. O. BOX 4027 325 E. COMMERCE STREET PENSACOLA FL 32507 P. O. BOX 4027 325 E. COMMERCE STREET PENSACOLA FL 32507 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-1407673 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TESCHEL, TERRY J Street Address (P.O. Box Number is Not Acceptable) 316 PAYNE RD. PENSACOLA FL 32507 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am familiar with, and accept . Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Delete TITLE Change ☐ Addition TESCHEL, TERRY J NAM 316 PAYNE ROAD STREET ADDRESS STREET ADDRESS PENSACOLA FL 32507 CITY-ST-ZIP CITY-SI-ZIP ☐ Delele ☐ Change Addition TESCHEL, RICKY NAME 700 CLOEMO PLACE STREET ADDRESS STREET ADDRESS PENSACOLA FL 32526 CITY - ST - ZIP CITY - ST - 7IP DECEASED TITLE Delete K Change ☐ Addition HILE NAME TESCHEL, JOHN R John R. Teschel NAME STREET ADDRESS 2112 BAINBRIDGE AVE STREET ADDRESS 2112 Bainbridge Ave. PENSACOLA EL 32507 CITY CT 7ID Pensacola, FL. 32507 TITLE ☐ Deleŧe □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-S1-ZIP THUE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-7IP THE NITE Delete Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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:

**FILED**