


2007 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # 393164 1. Entity Name LANCASTER OIL CO., INC.	
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Principal Place of Business 2049 SW CR 307-A P O BOX 1256 TRENTON, FL 32693	Mailing Address 2049 SW CR 307-A P O BOX 1256 TRENTON, FL 32693
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01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1451581	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LANCASTER, H.E. JR. 2049 SW CR 307-A TRENTON, FL 32693

**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 NAME STREET ADDRESS CITY-ST-ZIP	P LANCASTER, H.E. JR. 2049 SW CR 307-A TRENTON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARRISH, LINDA 101 2ND AVENUE WINDERMERE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANCASTER, SHEREE H 109 E. WADE ST. TRENTON, FL 32693
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/09/07-80048-024 150.00

**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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HOWELL E. LANCASTER, JR.

1/5/2007 **352-278-6559**
Date Daytime Phone #