

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90196 014 \*\*\*150.00

<b>DOCUMENT # 440086</b> 1. Entity Name <b>PAYNE'S OIL COMPANY, INC.</b>					
Principal Place of Business <b>607 NICHOLSON ST. CLEARWATER, FL 33755</b>			Mailing Address <b>607 NICHOLSON ST. CLEARWATER, FL 33755</b>		
2. Principal Place of Business <b>296 SW BLUFF DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>296 SW BLUFF DR</b> Suite, Apt. #, etc.			
City & State <b>FORT WHITE, FL</b>		City & State <b>FORT WHITE, FL</b>		4. FEI Number <b>59-1494008</b>	
Zip <b>32038</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PAYNE, RICHARD G. 607 NICHOLSON ST. CLEARWATER, FL 33755</b>			7. Name and Address of New Registered Agent Name <b>PAYNE, RICHARD G.</b> Street Address (P.O. Box Number is Not Acceptable) <b>296 SW BLUFF DRIVE</b> City <b>FORT WHITE</b> <b>FL</b> Zip Code <b>32038</b>		
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 <u><b>RICHARD G. PAYNE, PRESIDENT</b></u> <span style="float: right;">01/09/2006</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PAYNE, RICHARD 296 SW BLUFF DRIVE. FORT WHITE, FL 32038</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD PAYNE CAROL ANN 296 SW BLUFF DR. FORT WHITE, FL 32038</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE: <u>R. M. Payne, PRESIDENT</u> 01/09/2006 386-497-1418</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					