

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 446659

FILED
Feb 24, 2009
Secretary of State

Entity Name: EDISON OIL COMPANY

Current Principal Place of Business:

6940 MISSION LANE
FT MYERS, FL 33916 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 982
FT MYERS, FL 33902 US

New Mailing Address:

FEI Number: 59-1512831 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EAKINS, SR., WALTER E
3925 DR MARTIN LUTHER KING JR BLVD
FT MYERS, FL 33916 US

Name and Address of New Registered Agent:

EAKINS, SR., WALTER E
6940 MISSION LANE
FT MYERS, FL 33916 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

02/24/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: EAKINS, SR., WALTER E
Address: P. O. BOX 982
City-St-Zip: FORT MYERS, FL 33902

Title: VD () Delete
Name: HENSHAW, JR., DONALD M
Address: 20421 ROOKERY DRIVE
City-St-Zip: ESTERO, FL 33928

Title: VTD () Delete
Name: EAKINS, JR., WALTER E
Address: 13503 ISLAND RD
City-St-Zip: FORT MYERS, FL 33905

Title: VD () Delete
Name: OLIVER, ROBERT H
Address: 2482 NATURE POINTE LP
City-St-Zip: FORT MYERS, FL 33905

Title: VD () Delete
Name: EAKINS, SR, PATRICK M
Address: 8511 YORKSHIRE LANE
City-St-Zip: FT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: OLIVER, ROBERT H
Address: 5500 FORT DENAUD RD
City-St-Zip: LABELLE, FL 33935

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER E. EAKINS SR.

Electronic Signature of Signing Officer or Director

PRES

02/24/2009

Date