


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 8:00 am**  
**Secretary of State**

07-26-2004 90007 027 \*\*\*150.00

|  |   |
|--|---|
| <b>DOCUMENT # 477365</b>                     |  |
| 1. Entity Name<br>OIL CONSERVATIONISTS, INC. |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>4240 COLUMNS DRIVE<br/>MARIETTA, GA 30067</b> | Mailing Address<br><b>C.T. CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b> |
|---|---|

**44049774**



|  |                       |
|--|-----------------------|
| 2. Principal Place of Business<br><b>1700 S. Ocean Blvd.</b> | 3. Mailing Address    |
| Suite, Apt. #, etc.<br><b>Apt. 20C</b>                       | Suite, Apt. #, etc.   |
| City & State<br><b>Pompano Beach FL</b>                      | City & State          |
| Zip<br><b>33062</b>  | Country<br><b>USA</b> |

07082004 Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1606498**

|             |                |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b> |  |
|---|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   | Zip Code |
| <b>FL</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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |  |  |
|---|--|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|--|--|

| 10. OFFICERS AND DIRECTORS                     |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  |
|--|--|---------------------------------|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PST<br/>PAUL BARRY<br/>109 HOWELL AVENUE<br/>FAIRBURN, GA 30213</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>1700 S. Ocean Blvd. Apt 20C<br/>Pompano Beach, FL 33062</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemption stated in Section 119.07(3)(i), 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: *Barry Paul, pro.* **7-13-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment  
44049774  
# 477365

PAUL V. DeBIANCHI, P. A.  
ATTORNEY AT LAW

PAUL V. DeBIANCHI

SUITE 602 NORTHERN TRUST PLAZA  
2601 EAST OAKLAND PARK BOULEVARD  
FORT LAUDERDALE, FLORIDA 33306

TELEPHONE: (954) 566-4944  
FAX: (954) 566-4922

July 19, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: Oil Conservationists, Inc.  
2004 Annual Report

Ladies & Gentlemen:

Enclosed herewith please find 2004 Annual Report and our check in the sum of \$150.00 representing the filing fee per the Annual Report.

Thank you very kindly.

Very truly yours,

PAUL V. DeBIANCHI, P.A.

**Paul V. DeBianchi**

Paul V. DeBianchi, Esq.  
For the Firm

PVD/rjd

Enclosure(s)  
cc: Client

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