


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 06, 2004 08:00 AM
Secretary of State

DOCUMENT # 483863 1. Entity Name DOUGLAS PETROLEUM CORPORATION	
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Principal Place of Business P O BOX 560727 MIAMI, FL 33256-0727 US	Mailing Address P O BOX 560727 MIAMI, FL 33256-0727 US
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DO NOT WRITE IN THIS SPACE



02032004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1621215	Applied For <input type="checkbox"/> 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

**RAATTAMA, HENRY H JR
SUNTRUST INTERNATIONAL CENTER
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**U00000038030
02/06/04-80122-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CHOPE, KATHERINE B 200 S BISCAYNE BLVD 1700 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VTD CHOPE, JOANNE B 200 S. BISCAYNE BLVD 1700 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CHOPE, DOUGLAS B 200 S. BISCAYNE BLVD 1700 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 alternate with an address, with all other like empowered.

SIGNATURE: *Joanne B. Chope*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/2004
Date

Daytime Phone #