

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2008 08:00 A
Secretary of State

DOCUMENT # 483863

1. Entity Name
DOUGLAS PETROLEUM CORPORATION



Principal Place of Business
**P O BOX 560727
MIAMI, FL 33256-0727 US**

Mailing Address
**P O BOX 560727
MIAMI, FL 33256-0727 US**



02152008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1621215

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00.**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

02/28/08-80054-019,150.00

10. OFFICERS AND DIRECTORS

TITLE SD
NAME CHOPE, KATHERINE B
STREET ADDRESS 200 S BISCAYNE BLVD STE 830
CITY-ST-ZIP MIAMI, FL

TITLE VTD
NAME CHOPE, JOANNE B
STREET ADDRESS 200 S BISCAYNE BLVD STE 830
CITY-ST-ZIP MIAMI, FL

TITLE PD
NAME CHOPE, DOUGLAS B
STREET ADDRESS 200 S BISCAYNE BLVD 830
CITY-ST-ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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:

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

15 FEB 08
Date

Daytime Phone #