

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 486666

1. Entity Name  
JUST OIL COMPANY



Principal Place of Business  
724 SO. FLAGLER AVE.  
POST OFFICE DRAWER 900310  
HOMESTEAD, FL 33090-7309

Mailing Address  
724 SO. FLAGLER AVE.  
POST OFFICE DRAWER 900310  
HOMESTEAD, FL 33090-7309

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1625950

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BLAYLOCK, LAWRENCE H  
14995 SOUTHWEST 264TH STREET  
HOMESTEAD, FL 33030

**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**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BLAYLOCK, LAWRENCE H
STREET ADDRESS	14995 SW 264TH STREET
CITY-ST-ZIP	HOMESTEAD, FL
TITLE	VSTD
NAME	SANCHEZ, CRYSTAL B
STREET ADDRESS	19490 SW 232 STREET
CITY-ST-ZIP	MIAMI, FL 33170
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000128829  
04/26/04-80054-012 150.00

**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 attachment with an address with all other like empowered.

SIGNATURE:

Lawrence H. Blaylock, Pres.

4-21-04

305-247-7249

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #