


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 515420**  
 1. Entity Name  
**WARD OIL COMPANY, INC.**



Principal Place of Business  
**2701 E. LOUISIANA AVENUE**  
**TAMPA, FL 33610-2141**

Mailing Address  
**2701 E. LOUISIANA AVENUE**  
**TAMPA, FL 33610-2141**



01252007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1691937** Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**WARD, JAMES**  
**2701 E. LOUISIANA AVENUE**  
**TAMPA, FL**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FREE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

000000609690  
 02/01/07-80061-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	EVENSON, DENISE
STREET ADDRESS	1928 TAYLOR LANE
CITY-ST-ZIP	TAMPA, FL 33618
TITLE	S
NAME	WARD, DEMETRIA
STREET ADDRESS	18801 GERACI RD.
CITY-ST-ZIP	LUTZ FL,
TITLE	D
NAME	WARD, DEMETRIA
STREET ADDRESS	18801 GERACI RD.
CITY-ST-ZIP	LUTZ FL,
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: *Demetria A. Ward* 1-25-2007  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #