

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90098 001 \*\*\*300.00

**DOCUMENT # 560867**

1. Entity Name

PRESTO PETROLEUM, INC.



Principal Place of Business

2009 N AIRPORT RD  
PLANT CITY FL 33563

Mailing Address

2009 N AIRPORT RD  
PLANT CITY FL 33563

66401499



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1795810

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROBINSON, GREGORY S  
607 SOUTH ALEXANDER STREET  
PLANT CITY FL 33566

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME ROBINSON, HUGH C, III  
STREET ADDRESS 2869 HAMMOCK DR  
CITY-ST-ZIP PLANT CITY, FL 00000 33567

TITLE Director ☐ Change ☒ Addition  
NAME Robinson, Emily T.  
STREET ADDRESS 2869 Hammock Dr.  
CITY-ST-ZIP Plant City, FL 33567

TITLE VST ☐ Delete  
NAME SMITH, CAROLYN R  
STREET ADDRESS 8416 SOUTHWOOD PINES  
CITY-ST-ZIP LITHIA FL 33547

TITLE Asst. Sec/Treas ☐ Change ☒ Addition  
NAME Shultz, Jennifer N  
STREET ADDRESS 3808 Ancient Oaks Tr.  
CITY-ST-ZIP Plant City FL 33565

TITLE V ☒ Delete  
NAME STILLINGS, ROBERT  
STREET ADDRESS 2204 PARKVIEW DR  
CITY-ST-ZIP PLANT CITY FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME ROBINSON, GREGORY S  
STREET ADDRESS 1426 WALDEN OAKS  
CITY-ST-ZIP PLANT CITY FL 33566

TITLE Executive Vice President ☒ Change ☐ Addition  
NAME Robinson, Gregory S.  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Carolyn R Smith*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carolyn R Smith

2/2/04

813-754-3511

Date

Daytime Phone #