

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 13, 2006 08:00 AM
Secretary of State

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**



01102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1795810

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBINSON, EMILY T
2869 HAMMOCK DR
PLANT CITY, FL 33567**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
ROBINSON, GREGORY S
1426 WALDEN OAKS
PLANT CITY, FL 33566**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AST
SHULTZ, JENNIFER N
3808 ACIENT OAKS TR
PLANT CITY, FL 33565**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**U000000384710
01/17/06-80026-015 150.00**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/06
Date

813-754-3511
Daytime Phone