2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 575094 1. Entity Name LYNCH OIL COMPANY, INC.



FILED Mar 01, 2007 08:00 A Secretary of State

Principal Place of Business

1244 E. CARROLL ST. P.O. BOX 450669 KISSIMMEE, FL 34745-0669

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED

Mailing Address

1244 E. CARROLL ST. P.O. BOX 450669 KISSIMMEE, FL 34745-0669



and the state of t							
majarja da Jangara		tadioblade to taring	alia di mariji pri s	02232007	No Chg-P	CR2E034 (11/0	95)
$\mathbf{D}_{\mathbf{p}}$	O NOT WRITE IN	N I HIS/SPAU		4. FEI Number			Applied For
	The second of the second second		rid days to su	59-1840	1858		Not Applicable
	ैर्व है नहीं में के अपने अपने अपने हैं।	and the best of		5. Certificate o	of Status Desired	□ \$8.75 Fee Req	Additional ulred
	6. Name and Address of Current Regis			و المسابع المالية المسابع		t syrthy (
LYNCH, BRADLEY CRAIG 1244 E. CARROLL ST. KISSIMMEE, FL 34744			of the production of the second of the secon		NOT W HIS SP		
	1			[m] 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
8. The above named entity submits his 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 file if applicable (NOTE-Registered Agent signature required when reinstating)							
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		0.00 May Be ded to Fees	•		
10.	OFFICERS AND DIREC	CTORS	- 高麗 - 建二烷	3.4575252.50	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	30 4 333	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYNCH, BRADLEY CRAIG 1244 E. CARROLL ST. KISSIMMEE, FL 00000,	···			American personal de la companya de La companya de la companya de	Kan 200 Magazak	A Walland
TITLE NAME STREET ADDRESS CITY-ST-ZIP				and the second of the second o	03/09/07-8 03/09/07-8	51608 0014-011 1	50:00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			and a set of a		NOT W	4 . *	Andrews Property of the Control of t
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SF	PACE	1. 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP			क्षा है जाने करते हैं। मेरे क्षेत्र के ब्रह्म हैं महोती हुए में दुर्ज हैं।		e strong til ber Still grup for Norska der enga		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				र्राहेण प्रेक्ता वर्ण है जिस्सार करें कहार जिस्सार करता			
12. I hereby of indicated of the corchanged,	certify that the information supplied with this on this report or supplemental report is true poration or the receiver or trustee empowered, or on an attachment with an address, with a	illing does not qualify for the exi and arcurate and that my signa d to execute this report as requi if other like empowered.	emptions contains ture spall have the ed by Chapter 6	ed in Chapter 119 Same legal effec V. Florida Statute	, Florida Statutes. I t as if made under o s; and that my nam	further certify that toath; that I am an of e appears in Block	he information ficer or director 10 or Block 11 if