2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2007
Secretary of State

DOCUMENT# 613975

Entity Name: COOMES OIL & SUPPLY, INC.

Current Principal Place of Business:

8 HARTSHORN ST
PO BOX 175
ST AUGUSTINE, FL 32085

New Principal Place of Business:

8 HARTSHORN ST
8 HARTSHORN ST.
ST AUGUSTINE, FL 32084

Current Mailing Address:

8 HARTSHORN ST
PO BOX 175
ST AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 59-1892232 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COOMES, J.B.
8 HARTSHORN ST
ST AUGUSTINE, FL US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete
Name: COOMES, J.B.,
Address: 8 HARTSHORN ST
City-St-Zip: ST AUGUSTINE, FL

Title: VSD ( ) Delete
Name: COOMES, THERESA A,
Address: 8 HARTSHORN ST
City-St-Zip: ST AUGUSTINE, FL

Title: D ( ) Delete
Name: COOMES, DANNA
Address: PO BOX 175
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: COOMES, JOE
Address: 600 KINGS ESTATE
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete
Name: COOMES, J
Address: 600 KINGS ESTATE
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition
Name: COOMES, J.B.,
Address: 8 HARTSHORN ST
City-St-Zip: ST AUGUSTINE, FL 320840000

Title: VSD (X) Change ( ) Addition
Name: COOMES, THERESA A,
Address: 8 HARTSHORN ST
City-St-Zip: ST AUGUSTINE, FL 320840000

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JULIAN B COOMES PTD 01/14/2007

Electronic Signature of Signing Officer or Director Date