

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 613975

FILED  
Feb 14, 2008  
Secretary of State

Entity Name: COOMES OIL & SUPPLY, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## 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 320840000

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

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

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

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 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: J B COOMES

PTD

02/14/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date