

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 704678

1. Entity Name
OIL FUEL INSTITUTE OF FLORIDA INC



Principal Place of Business
**P O BOX 2221
JACKSONVILLE, FL 32203**

Mailing Address
**P O BOX 2221
JACKSONVILLE, FL 32203**



01032006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1720361

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**COOKSEY, JOHN
2861 COLLEGE STREET
JACKSONVILLE, FL 32205**

**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 _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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
**D
HARRIS, JIM
1100 S. NEWTHIGHWAY 441
MT. DORA, FL 32757**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
CULLER, LEE
343 CARSWELL AVE.
HOLLY HILL, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
GREEN, JOHN JR
186 N GOLDENROD ROAD
ORLANDO, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PRES
COOKSEY, JOHN
2861 COLLEGE ST.
JACKSONVILLE, FL 32205**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
GREEN, BILLY
186 N GOLDENROD ROAD
ORLANDO, FL 32807**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000378402
01/09/06-80004-005 61.25

**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 617, 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

1-3-06

Date

904 389 5561

Daytime Phone #