


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90109 032 \*\*\*150.00

<b>DOCUMENT # 826320</b>	
1. Entity Name <b>AUTRY PETROLEUM COMPANY</b>	

Principal Place of Business <b>211 INDUSTRIAL BLVD. THOMASVILLE, GA 31792-6344 US</b>	Mailing Address <b>211 INDUSTRIAL BLVD. THOMASVILLE, GA 31792-6344 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
01032007	Chg-P CR2E034 (12/06)
4. FEI Number <b>58-1075014</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>FRIEDMAN, MARTIN</b> <b>2548 BLAIRSTONE PINES DRIVE</b> <b>TALLAHASSEE, FL 32301</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AST</b> <b>TYUS, BECKI W.</b> <b>216 MAIN ST</b> <b>CAMILLA, GA 31730</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Autry, Joseph Lynn, Jr.</b> <b>116 Cardinal Ridge Rd.</b> <b>Thomasville, GA 31792</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DSVP</b> <b>AUTRY, J. LYNN</b> <b>605 MOULTRIE ROAD</b> <b>CAMILLA, GA 31730</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Larry May</b> <b>106 Turnberry Ct.</b> <b>Thomasville, GA 31792</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>AUTRY, DANIEL E JR.</b> <b>121 ROBIN HOOD DRIVE</b> <b>THOMASVILLE, GA 31792</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DRAFFIN &amp; TUCKER (CPA)</b> <b>2617 GILLIONVILLE RD</b> <b>ALBANY, GA 31702</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TYSON, WILLIAM F., JR.</b> <b>76 EAST BROAD STREET</b> <b>CAMILLA, GA 31730</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>AUTRY, DANIEL E.</b> <b>121 IMPERIAL DRIVE</b> <b>THOMASVILLE, GA 31792</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Becki W. Tyus (BECKI W. TYUS) ASST SEC/TZ. 1/4/07 229/226-2680 X5765

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #