2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 826320

1. Entity Name
AUTRY PETROLEUM COMPANY

Principal Place of Business	Mailing Address
211 INDUSTRIAL BLVD. THOMASVILLE, GA 31792-6344 US	211 INDUSTRIAL BLVD. THOMASVILLE, GA 31792-6344 US

01102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-1075014
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FRIEDMAN, MARTIN
2548 BLAIRSTONE PINES DRIVE
TALLAHASSEE, FL 32301

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	AST
NAME	TYUS, BECKI W.
STREET ADDRESS	216 MAIN ST
CITY-ST-ZIP	CAMILLA, GA 31730
TITLE	DSVP
NAME	AUTRY, J. LYNN
STREET ADDRESS	605 MOULTRIE ROAD
CITY-ST-ZIP	CAMILLA, GA 31730
TITLE	T
NAME	AUTRY, DANIEL E JR.
STREET ADDRESS	121 ROBIN HOOD DRIVE
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	D
NAME	DRAFFIN & TUCKER (CPA)
STREET ADDRESS	2617 GILLIONVILLE RD
CITY-ST-ZIP	ALBANY, GA 31702
TITLE	D
NAME	TYSON, WILLIAM F., JR.
STREET ADDRESS	76 EAST BROAD STREET
CITY-ST-ZIP	CAMILLA, GA 31730
TITLE	PD
NAME	AUTRY, DANIEL E.
STREET ADDRESS	121 IMPERIAL DRIVE
CITY-ST-ZIP	THOMASVILLE, GA 31792

U00000807521
02/07/08-80012-012 150.00

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 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: J. Lynn Autry 11/10/08 229/226-2680X5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Executive Vice President