


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 835025 1. Entity Name PILOT OIL CORPORATION	
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Principal Place of Business 5508 LONAS RD PO BOX 10146 (ZIP 37939) KNOXVILLE, TN 37909 US	Mailing Address 5508 LONAS RD P.O. BOX 10146 KNOXVILLE, TN 37939-0416 US
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 62-0600415	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

**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, 2006 Fee will be \$550.00**

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 HASLAM, JAMES A II 1640 LYONS BEND RD. KNOXVILLE, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEALL, III., SAMUEL E. 151 LEVERT MOBILE, AL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD HASLAM, JAMES III 5020 LYONS VIEW PIKE KNOXVILLE, TN
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFST PARDUE, PAUL 1912 GRENADA BLVD KNOXVILLE, TN 37922
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HASLAM, JAMES A III PO BOX 10146 KNOXVILLE, TN 379390146
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000399850
02/01/06-80028-015 150.00

**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:  **Paul Pardue** (865) 388-7488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #