2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# 835025

Entity Name: PILOT OIL CORPORATION

Current Principal Place of Business:

5508 LONAS RD
PO BOX 10146 (ZIP 37939)
KNOXVILLE, TN 37909 US

New Principal Place of Business:

5508 LONAS RD
KNOXVILLE, TN 37909 US

Current Mailing Address:

5508 LONAS RD
P.O. BOX 10146
KNOXVILLE, TN 379390416 US

New Mailing Address:

FEI Number: 62-0600415 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: D ( ) Delete
Name: HASLAM, JAMES A II,
Address: 1640 LYONS BEND RD.
City-St-Zip: KNOXVILLE, TN

Title: D ( ) Delete
Name: BEALL, III., SAMUEL, E.
Address: 151 LEVERT
City-St-Zip: MOBILE, AL

Title: CEOD ( ) Delete
Name: HASLAM, JAMES III,
Address: 5020 LYONS VIEW PIKE
City-St-Zip: KNOXVILLE, TN

Title: CFST ( ) Delete
Name: PARDUE, PAUL
Address: 1912 GRENADA BLVD
City-St-Zip: KNOXVILLE, TN 37922

Title: D ( ) Delete
Name: HASLAM, JAMES A III
Address: PO BOX 10146
City-St-Zip: KNOXVILLE, TN 379390146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: AS (X) Change ( ) Addition
Name: WHITNEY HASLAM,
Address: 611 KENESAW AVE.
City-St-Zip: MOBILE, AL

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: PAUL PARDUE CFST 01/07/2009

Electronic Signature of Signing Officer or Director Date