2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #846977

1. Entity Name

MANSFIELD OIL COMPANY OF GAINESVILLE, INC.



FILED Apr 07, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1025 AIRPORT PARKWAY S.W. GAINESVILLE, GA 30501-6813 1025 AIRPORT PARKWAY S.W. GAINESVILLE, GA 30501-6813



DO NOT WRITE IN THIS SPACE

04012008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 58-1091383 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

Fee Required

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CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			DO NOT WRITE IN THIS SPACE				
8. The above the obligat	named entity submits this statement for the plions of registered agent.	ourpose of changing its registere	ed office or re	egistered agent, or bo	oth, in the State	of Florida. I am famili	ar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable. (NOTE Registere	d Agent signature	required when reinstaling)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Find Trust Fund Contribution			ncing	\$5.00 May Be Added to Fees	U000 04/16/0)00882509)8-80043-019	150.00
10.	OFFICERS AND DIREC	CTORS	ł		<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P MANSFIELD, MICHAEL F., S 320 RED OAK TRAIL ATHENS, GA 30606 V PFERSICK, RICHARD N.			eriorite Computations Propper			
STREET ADDRESS CITY-ST-ZIP	401 FOREEST AVE #D GAINESVILLE, GA 30501						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						a dregorija. Odrej koje Graja odje ila	
TITLE	· •						•

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?

NAME STREET ADDRESS CITY-ST-ZIP