

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90058 007 \*\*\*150.00

**DOCUMENT # 856706**

1. Entity Name  
**PETROLEUM FUEL AND TERMINAL COMPANY**



Principal Place of Business  
**8235 FORSYTH BLVD  
STE 400  
CLAYTON, MO 63105**

Mailing Address  
**8235 FORSYTH BLVD  
STE 400  
CLAYTON, MO 63105**

**40053270**



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

04022007 Chg-P CR2E034 (12/06)

4. FEI Number  
**43-0642621**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	AT	<input type="checkbox"/> Delete
NAME	HUGHES, CHRISTINE	
STREET ADDRESS	8235 FORSYTH BLVD	
CITY-ST-ZIP	CLAYTON, MO 63105	
TITLE	S	<input type="checkbox"/> Delete
NAME	BURNS, KARON	
STREET ADDRESS	8235 FORSYTH BLVD	
CITY-ST-ZIP	CLAYTON, MO 63105	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	JOHN L HANK JR.	
STREET ADDRESS	8235 FORSYTH BLVD	
CITY-ST-ZIP	CLAYTON, MO 63105	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LAURANCE J. LYNCH	
STREET ADDRESS	8235 FORSYTH BLVD	
CITY-ST-ZIP	CLAYTON, MO 63105	
TITLE	AS	<input type="checkbox"/> Delete
NAME	INGRAM, JOSEPH H	
STREET ADDRESS	8235 FORSYTH BLVD	
CITY-ST-ZIP	CLAYTON, MO 63105	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HOMMERT, DOUGLAS D	
STREET ADDRESS	8235 FORSYTH BLVD	
CITY-ST-ZIP	CLAYTON, MO 63105	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FENTON, KEN	
STREET ADDRESS	8235 FORSYTH BLVD	
CITY-ST-ZIP	CLAYTON MO 63105	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALL, JEFFREY	
STREET ADDRESS	8235 FORSYTH BLVD	
CITY-ST-ZIP	CLAYTON MO 63105	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WAHL, EDWIN	
STREET ADDRESS	8235 FORSYTH BLVD	
CITY-ST-ZIP	CLAYTON MO 63105	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**

*Joseph H Ingram*

*Joseph H Ingram*

*4/5/2007*

*314-889-9600*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #