

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # F50047

1. Entity Name
DOUBLE G OIL COMPANY, INC.



Principal Place of Business
2801 ROBINSON PT RD
P.O. BOX 568
BAGDAD, FL 32530

Mailing Address
2801 ROBINSON PT RD
P.O. BOX 568
BAGDAD, FL 32530



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2130652

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BRADSHAW, GARY V.
2801 ROBINSON POINT RD
BAGDAD, FL 32530

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U00000126600
04/23/04-80040-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRADSHAW, CARROLL R.
STREET ADDRESS	2801 ROBINSON PT RD
CITY-ST-ZIP	BAGDAD, FL
TITLE	DPV
NAME	BRADSHAW, V GARY
STREET ADDRESS	HWY 87 NO & I-10
CITY-ST-ZIP	MILTON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/04 850-994-923