

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90159 036 ***150.00

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04072005 Chg-P CR2E034 (10/03)

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		
2. Principal Place of Business 4474 Woodbine Road Suite, Apt. #, etc.		3. Mailing Address P.O. Box 568 Suite, Apt. #, etc.			
City & State Pace FL		City & State Bagdad FL		4. FEI Number 59-2130652	
Zip 32571		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRADSHAW, GARY V. 2801 ROBINSON POINT RD BAGDAD, FL 32530			7. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADSHAW, CARROLL R. 2801 ROBINSON PT RD BAGDAD, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bradshaw, Carroll R. 3143 Garcon Point Rd. Bagdad FL 32530	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV BRADSHAW, V GARY HWY 87 NO & I-10 MILTON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV Bradshaw, Gary V. 3143 Garcon Point Rd. Bagdad, FL 32530	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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			4/7/05 850-994-9232 Date Daytime Phone #		