

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 8:00 am**  
**Secretary of State**

01-23-2004 90042 044 \*\*\*150.00

**DOCUMENT # F94000003101**

1. Entity Name  
**WESTERN OILFIELDS SUPPLY COMPANY**



Principal Place of Business  
**PO BOX 2248  
BAKERSFIELD, CA 93303**

Mailing Address  
**PO BOX 2248  
BAKERSFIELD, CA 93303**

**DO NOT WRITE IN THIS SPACE**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**95-1362750**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LAKE, JOHN W  
STREET ADDRESS 3404 STATE ROAD  
CITY-ST-ZIP BAKERSFIELD, CA 93308

TITLE VD  
NAME LAKE, WALTER G  
STREET ADDRESS 3404 STATE ROAD  
CITY-ST-ZIP BAKERSFIELD, CA 93308

TITLE VTD  
NAME LAKE, ROBERT C  
STREET ADDRESS 3404 STATE ROAD  
CITY-ST-ZIP BAKERSFIELD, CA 93308

TITLE S  
NAME PULLEY, MARGUERITE K  
STREET ADDRESS 3404 STATE ROAD  
CITY-ST-ZIP BAKERSFIELD, CA 93308

TITLE SD  
NAME LAKE, DIANE S  
STREET ADDRESS 3404 STATE ROAD  
CITY-ST-ZIP BAKERSFIELD, CA 93308

TITLE VD  
NAME LAKE, CHRIS C  
STREET ADDRESS 3404 STATE ROAD  
CITY-ST-ZIP BAKERSFIELD, CA 93308

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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 TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/04