

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 15, 2005 8:00 am**  
**Secretary of State**

07-15-2005 90018 025 \*\*\*550.00

**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**

**20064026**



07012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

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 \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

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

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

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

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

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

**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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**7-1-2005 661.387.6196**