2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000003101

1. Entity Name
WESTERN OILFIELDS SUPPLY COMPANY

Principal Place of Business	Mailing Address
PO BOX 2248 BAKERSFIELD, CA 93303	PO BOX 2248 BAKERSFIELD, CA 93303

02012006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 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

U00000434030
02/24/06-80042-014 150.00

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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: X _____ 2-10-2006 1661-399-9124
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #