

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 PO BOX 2248 BAKERSFIELD, CA 93303	Mailing Address PO BOX 2248 BAKERSFIELD, CA 93303
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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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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

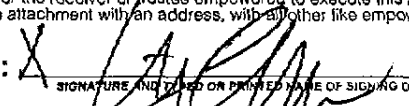
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE 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

U00000434030
02/24/06-80042-014 150.00

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IN THIS SPACE**

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:  **2-10-2006** **661-399-9124**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #