

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000001545

1. Entity Name
SIMONS PETROLEUM, INC.



Principal Place of Business
**1120 N W 63RD ST
300
OKLAHOMA CITY, OK 73116 US**

Mailing Address
**1120 N W 63RD ST
300
OKLAHOMA CITY, OK 73116 US**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-0768059

Applied For
Not Applicable

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

8. 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 **P**
NAME **SIMONS, ROGER N**
STREET ADDRESS **1507 BUTTRAM ROAD**
CITY- ST- ZIP **OKLAHOMA CITY, OK 73120**

TITLE **ST**
NAME **SIMONS, BARBARA J**
STREET ADDRESS **1507 BUTTRAM ROAD**
CITY- ST- ZIP **OKLAHOMA CITY, OK 73120**

TITLE **VP**
NAME **HIATT, STEPHEN**
STREET ADDRESS **3226 WILSHIRE TERRACE**
CITY- ST- ZIP **OKLAHOMA CITY, OK 73116**

TITLE **V**
NAME **CROSS, STEVEN**
STREET ADDRESS **732 FOX TAIL DR**
CITY- ST- ZIP **EDMOND, OK 73034**

TITLE **C**
NAME **SUTTON, WILLIAM T**
STREET ADDRESS **7422 NW 107TH**
CITY- ST- ZIP **OKLAHOMA CITY, OK 73162**

TITLE **V**
NAME **SIMONS, BRAD**
STREET ADDRESS **6607 AVONDALE DR**
CITY- ST- ZIP **OKLAHOMA CITY, OK 73116**

000000001350
01/12/04-80004-010 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #