

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 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**



01042006 No Chg-P CR2E034 (11/05)

**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**

**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, 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	P
NAME	SIMONS, ROGER N
STREET ADDRESS	1507 BUTTRAM ROAD
CITY - ST - ZIP	OKLAHOMA CITY, OK 73120
TITLE	ST
NAME	BUNT, JOHN R
STREET ADDRESS	3812 SHILOH RIDGE
CITY - ST - ZIP	EDMOND, OK 73034
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

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01/10/06-80044-002 150.00

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/06 (405) 848-3500