


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90050 001 ***150.00

| | |
|---|---|
| DOCUMENT # F95000003155 |  |
| 1. Entity Name UNIVERSAL FUELS, INC. | |

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|--|--|
| Principal Place of Business 8787 TALLYHO HOUSTON, TX 77061 | Mailing Address 8787 TALLYHO HOUSTON, TX 77061 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
|---|---|

| | |
|--------------|--------------|
| City & State | City & State |
|--------------|--------------|

| | | | |
|-----|---------|-----|---------|
| Zip | Country | Zip | Country |
|-----|---------|-----|---------|



01032005 Chg-P CR2E034 (10/03)

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|--|--|---|--|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
|--|--|---|--|

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|-----------------------------|-------------------------------|
| 4. FEI Number 76-0446178 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

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, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|--|-----------------------------|

| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
|----------------------------|--------------------|--|----------------|---|---------------------------------|--|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | DIULUS, DAVID L | | NAME | WHITWORTH, BILLY M | | | |
| STREET ADDRESS | 8787 TALLYHO | | STREET ADDRESS | 8787 TALLYHO | | | |
| CITY-ST-ZIP | HOUSTON, TX 77061 | | CITY-ST-ZIP | HOUSTON, TX 77061 | | | |
| TITLE | STD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | KELLEY, DOUGLAS D | | NAME | | | | |
| STREET ADDRESS | 8787 TALLYHO | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | HOUSTON, TX 77061 | | CITY-ST-ZIP | | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | RACHELLE, JOSEPH L | | NAME | | | | |
| STREET ADDRESS | 8787 TALLYHO | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | HOUSTON, TX 77061 | | CITY-ST-ZIP | | | | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | ADLE, JOHN | | NAME | | | | |
| STREET ADDRESS | 8787 TALLYHO | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | HOUSTON, TX 77061 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |

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: *Billy M. Whitworth*
BILLY M. WHITWORTH, PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1-4-2005**
Date

Daytime Phone #: **713-944-1440 x2366**
Daytime Phone #