2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

DOCUMENT# F96000005543

Entity Name: CARY OIL COMPANY, INC.

Current Principal Place of Business:

110 MACKENAN DRIVE
SUITE 300
CARY, NC 27511

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5189
CARY, NC 27512

New Mailing Address:

FEI Number: 56-0852011 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR STE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: STEPHENSON JR, HARRY D
Address: 129 BRUCE DRIVE
City-St-Zip: CARY, NC 27511

Title: VST ( ) Delete
Name: STEPHENSON, CRAIG
Address: 111 PRESTON GRANDE WAY
City-St-Zip: MORRISVILLE, NC 27560

Title: AST ( ) Delete
Name: STEPHENSON, RICHARD C
Address: 105 CHARLEMAGNE COURT
City-St-Zip: CARY, NC 27511

Title: VPF ( ) Delete
Name: PHILLIPS, BETTY M
Address: 4736 MEADOW LAKE DRIVE
City-St-Zip: APEX, NC 27502

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY M PHILLIPS VPF 01/07/2009

Electronic Signature of Signing Officer or Director Date