2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2004 8:00 am
Secretary of State
01-14-2004 90010 006 ***150.00

DOCUMENT # F97000005437

1. Entity Name
CES OIL OPERATIONS, INC.

Principal Place of Business	Mailing Address
4791E STALLION LN INVERNESS, FL 34452-9083 US	4791E STALLION LN INVERNESS, FL 34452-9083 US

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
1712 SE 35th Ln	1712 SE 35th Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala FL	City & State: Ocala FL
Zip: 34471 Country: USA	Zip: 34471 Country: USA

4. FEI Number: 88-0152779 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAUFLER, MONICA 4791 E STALLION LN INVERNESS, FL 34452	Name Street Address (P.O. Box Number is Not Acceptable) 1712 SE 35th Ln City: Ocala **FL** Zip Code: 34471

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HAUFLER, MONICA 4791.E STALLION LANE INVERNESS, FL 344629083	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FUTCH, CHERI 4791 E STALLION LANE INVERNESS, FL 344529083	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1712 SE 35th Lane Ocala FL 34471	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1712 SE 35th Lane Ocala FL 34471	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Monica Haufler 01/12/04 (352) 671-7370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #