2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 28, 2006 8:00 am Secretary of State 03-28-2006 90111 028 ***158.75 DOCUMENT # F97345 HIGHLAND-EXCHANGE PETROLEUM SUPPLY COMPANY, INC. Principal Place of Business Mailing Address STATE RD 540 STATE RD 540 P O BOX 276 P 0 BOX 276 WAVERLY, FL 33877-0276 WAVERLY, FL 33877-0276 2. Principal Place of Business 3. Mailing Address P.O. Box 276 Suite, Apt. #, etc. Suite, Apt. #. etc. CR2E034 (11/05) 03242006 City & State Applied For 4. FEI Number City & State 59-2226522 Not Applicable JAVERLY Country Country \$8.75 Additional Zip 5. Certificate of Status Desired POLK 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent KOVACH, G. JR. Street Address (P.O. Box Number is Not Acceptable) STATE ROAD 540 WAVERLY, FL 33877 Zip Code 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 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE #8 \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 21 11. VD Change Addition TITLE Delete TITLE HUNT, FRANK M NAME NAME STREET ADDRESS HUNT BROS. RD. STREET ADDRESS CITY-ST-7IP LAKE WALES, FL 33859 CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE KOVACH, GJR NAME 941 SUCCESS AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND, FL 33803 CITY-ST-ZIP SD Delete Addition SANDERS, CHARLES NAME NAME STREET ADDRESS 1485 50TH COURT STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32966 CITY-ST-7/P TITLE TD ☐ Delete TITLE Addition HOUK WALLY HOUK, WALLY NAME NAME STREET ADDRESS 4738 FASTON ST STREET ADDRESS 4738 EASTO. LAKE WALES, FL 33859 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change 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 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 cath; 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.

FILED

2 - 33

SIGNATURE: