


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 8:00 am
Secretary of State


04-19-2007 90177 035 ***150.00

DOCUMENT # F98000005824 1. Entity Name LYKINS OIL COMPANY	
---	---

Principal Place of Business 5163 WOLF PEN PLESANT HILL RD MILFORD, OH 45150	Mailing Address 5163 WOLF PEN PLESANT HILL RD MILFORD, OH 45150
---	---

DO NOT WRITE IN THIS SPACE

40000000



04102007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1452295	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

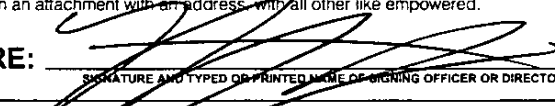
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LYKINS, DONALD J 5163 WOLF PEN PLESANT HILL RD MILFORD, OH 45150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MANNING, ROBERT J 5163 WOLF PEN PLESANT HILL RD MILFORD, OH 45150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYKINS, DONALD F 1212 CAPITAL HILLS DR MILFORD, OH 45150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYKINS, LINDA A 1212 CAPITAL HILLS DR MILFORD, OH 45150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LYKINS, RONALD 5163 WOLF PEN PLESANT HILL RD MILFORD, OH 45150
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMPSON, JAMES W 7434 JAGET CT CINCINNATI, OH 45230

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:  **Robert J. Manning** (513)831-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #