


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90263 050 ***150.00

DOCUMENT # F98000005824
 1. Entity Name
LYKINS OIL COMPANY



Principal Place of Business Mailing Address
5163 WOLFPEN PLESANT HILL RD **5163 WOLFPEN PLESANT HILL RD**
MILFORD, OH 45150 **MILFORD, OH 45150**

DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
31-1452295 Not Applicable

5. Certificate of Status Desired **\$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

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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, 2008 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 WOLFPEN PLESANT HILL RD MILFORD, OH 45150 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T MANNING, ROBERT J 5163 WOLFPEN 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 WOLFPEN PLESANT HILL RD MILFORD, OH 45150 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S THOMPSON, JAMES W 7434 JAGET CT CINCINNATI, OH 45230 |

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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #