


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2005 8:00 am**  
**Secretary of State**

04-26-2005 90154 035 \*\*\*150.00

<b>DOCUMENT # F99000001794</b> 1. Entity Name WILLIAMSON OIL CO., INC.					
Principal Place of Business 1603 GODFREY AVENUE SOUTH FT. PAYNE, AL 35967			Mailing Address PO BOX 680807 FORT PAYNE, AL 35968		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <i>830 Crescent Centre Dr.</i> Suite, Apt. #, etc. <i>Suite 300 Bldg 6</i> City & State <i>Franklin TN</i> Zip <i>37067</i> Country <i>Williamson</i>			
City & State		4. FEI Number 03022005 Chg-P CR2E034 (10/03) 63-0585401		Applied For <input type="checkbox"/> Not Applicable	
Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CP WILLIAMSON, JOHN ROBERT 511 KINGS MOUNTAIN TRAIL VESTAVIA HILLS, AL 35242	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STRINGER, SHANNON 1604 MONTE VISTA DRIVE FT. PAYNE, AL 35967	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PORTER, JON 6005 GOLF ROAD FT. PAYNE, AL 35967	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Date: <i>3/10/05</i> Daytime Phone #: <i>(615) 224-1192</i>					