


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # G23672 1. Entity Name R.C.R. OIL, INC.	
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Principal Place of Business 711 N.W. 177TH AVE PEMBROKE PINES, FL 33029	Mailing Address 1884 SW 100 TERR HOLLYWOOD, FL 33025
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01242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2262175	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

CRISAFULLI, RICHARD
711 N.W. 177TH AVE
PEMBROKE PINES, FL 33029

**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 the registered agent.

SIGNATURE [Signature] (NOTE: Registered Agent signature required when reinstating) DATE 3/15/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000091998 03/18/04-80031-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CRISAFULLI, RICHARD 711 N.W. 177TH AVE PEMBROKE PINES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV CRISAFULLI, CAROL 711 N.W. 177TH AVE PEMBROKE PINES, FL
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: [Signature] CAROL CRISAFULLI 3/15/04 954-435955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #