2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #G33228

1. Entity Name

POPE & ASSOCIATES PETROLEUM & INDUSTRIAL EQUIPMENT, INC.



FILED Mar 29, 2007 08:00 A Secretary of State

Principal Place of Business

6948 W. MOHAWK AVE TAMPA, FL 33634 US Mailing Address

PO BOX 260025 TAMPA, FL 33685-2005 US



03252007

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	59-2294161

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

o. Certificate of State

6. Name and Address of Current Registered Agent

POPE, EUGENE 6948 W. MOHAWK AVENUE TAMPA, FL 33634

DO NOT WRITE IN THIS SPACE

TAMPA, PL 33034				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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. 55.00 May Be					
10.	OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS POPE, LISA 6948 W. MOHAWK AVE. TAMPA, FL 33634						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT POPE, EUGENE 6948 W. MOHAWK AVE. TAMPA, FL 33634				U00000681325 04/04/07-80039-009 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filling 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 in address, with all other like empowered.

- EUGENE

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/07 8

83-888-9909

Daytime Phone #