


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H63387</b> 1. Entity Name REB OIL LEASING, INC.	
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Principal Place of Business 728 N FEDERAL HWY STUART, FL 34995 US	Mailing Address P.O. BOX 3120 STUART, FL 34995
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**DO NOT WRITE IN THIS SPACE**



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2545982	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  MCCRABY, DANIEL 728 N FEDERAL HWY STUART, FL 34994
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when resigning)	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCCRABY, DANIEL 728 N. FEDERAL HWY. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCCRABY, DANIEL W. 728 N. FEDERAL HWY. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHUTZ, ROBERT 728 N. FEDERAL HWY. STUART, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JOHNS, LEE 728 N FEDERAL HWY STUART, FL 34995
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000212600  
02/03/05-80038-014 150.00

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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.

<b>SIGNATURE:</b>  <b>2/1/05</b> <b>772 692 0275</b>	_____ Date	_____ Daytime Phone #
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR