

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H93518

Entity Name: QUALITY LUBRICANTS, INC.

FILED
Sep 12, 2005
Secretary of State

Current Principal Place of Business:

% ROBERT E. TATE
806 U.S. HWY. 90 W.
CRESTVIEW, FL 32536

Current Mailing Address:

% ROBERT E. TATE
806 U.S. HWY. 90 W.
CRESTVIEW, FL 32536

New Principal Place of Business:

% ROBERT E. TATE
5538 FLATWOODS DRIVE
CRESTVIEW, FL 32536

New Mailing Address:

% ROBERT E. TATE
5538 FLATWOODS DRIVE
CRESTVIEW, FL 32536

FEI Number: 59-2670347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TATE, ROBERT E.
806 U.S. HWY. 90 W.
CRESTVIEW, FL 32536 US

Name and Address of New Registered Agent:

TATE, ROBERT E.
2767 PHIL TYNER ROAD
CRESTVIEW, FL 32536 US

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.

SIGNATURE:

09/12/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: TATE, ROBERT E.,
Address: 2767 PHIL TYNER ROAD
City-St-Zip: CRESTVIEW, FL 32536

Title: DTS () Delete
Name: STYRON, MICHELLE,
Address: 5538 FLATWOOD DRIVE
City-St-Zip: CRESTVIEW, FL 32536

Title: DP () Delete
Name: SHARPE, DON,
Address: 1740 WREN WAY
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: M T STYRON

DTS

09/12/2005

Electronic Signature of Signing Officer or Director

Date