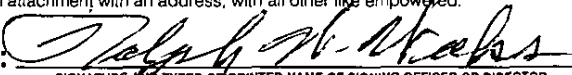


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J01547 1. Entity Name SMITH BROTHERS OIL COMPANY, INC.					
Principal Place of Business 765 W. MAIN ST. BARTOW, FL 33830 US			Mailing Address P.O. BOX 3889 P.O. BOX 3889 LAKELAND, FL 33802 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		FILED 07 APR 26 PM 1:37 CLERK OF STATE TALLAHASSEE, FLORIDA  04202007 Chg-P CR2E034 (12/06)	
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-2642884		Applied For ☐ Not Applicable			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				100103024781 05/22/07--01035--010 **2400.00	
6. Name and Address of Current Registered Agent WEEKS, RALPH W. 1625 GEORGE JENKINS BLVD LAKELAND, FL 33815					
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 _____ 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. ☐ \$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	DC WEEKS, RALPH W. 1625 GEORGE JENKINS BLVD LAKELAND, FL 33815 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHANE S. WEEKS 1625 GEORGE JENKINS BLVD LAKELAND, FL 33815 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEEKS, R. STEPHEN 1625 GEORGE JENKINS BLVD LAKELAND, FL 33815 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T THOMAS J. RHODEN 1625 GEORGE JENKINS BLVD LAKELAND, FL 33815 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST THOMPSON, JAMES E 1625 GEORGE JENKINS BLVD LAKELAND, FL 33815 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100103024781 05/22/07--01035--010 **2400.00 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.					
SIGNATURE:  Date _____ Daytime Phone # _____					