
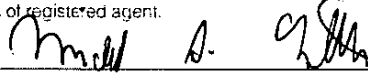


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90035 031 ***150.00

DOCUMENT # J19111			
1. Entity Name WHETSTONE OIL CO., INC.			
Principal Place of Business 1021 SE HIGHWAY 19 CRYSTAL RIVER FL 34429		Mailing Address P.O. BOX 1257 CRYSTAL RIVER FL 34423	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WHETSTONE, MALCOLM G 1017 SE HIGHWAY 19 CRYSTAL RIVER FL 34429		7. Name and Address of New Registered Agent Name Michael G. Whetstone Street Address (P.O. Box Number is Not Acceptable) 1017 SE Highway 19 City Crystal River FL 34429	
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  3/28/08 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when nominating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE MD <input type="checkbox"/> Delete NAME WHETSTONE, MALCOLM G. STREET ADDRESS 2720 STONE BROOK DRIVE CITY-ST-ZIP HOMOSASSA FL 34448	TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Whetstone, Malcolm G. STREET ADDRESS 2720 Stone brook Dr. CITY-ST-ZIP Homosassa, FL 34448	TITLE PSD <input type="checkbox"/> Delete NAME WHETSTONE, MICHAEL G. STREET ADDRESS 4140 WASHINGTON POINT CITY-ST-ZIP HOMOSASSA FL 34448	TITLE PSDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Michael G. Whetstone STREET ADDRESS 3180 W Bermuda Dunes Dr. CITY-ST-ZIP Lecanto, FL 34461
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **3/28/08** **352-795-3469**
Signature and typed or printed name of signing officer or director Date Daytime Phone #