

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2008
Secretary of State

DOCUMENT# N28860

Entity Name: ANTIQUER'S FUEL FUND INC.

Current Principal Place of Business:

6530 SKYLINE DR
6530 SKYLINE DR.
DELRAY BEACH, FL 33446 US

New Principal Place of Business:

Current Mailing Address:

7320 SKYLINE DR
6530 SKYLINE DR.
DELRAY BEACH, FL 334462218 US

New Mailing Address:

FEI Number: 65-0078367 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LUMLEY, WILLIAM B
7320 SKYLINE DR.
DELRAY BEACH, FL 33446 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LUMLEY, WILLIAM B
Address: 7320 SKYLINE DR
City-St-Zip: DELRAY BEACH, FL 33446

Title: VPD () Delete
Name: BLAKE, ALFRED M
Address: 6889 SKYLINE DR.
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD () Delete
Name: VANLENNEP, JOHN
Address: 6888 SKYLINE DR
City-St-Zip: DELRAY BEACH, FL 33446

Title: TD () Delete
Name: VANLENNEP, JOHN
Address: 6888 SKYLINE DR
City-St-Zip: DELRAY BEACH, FL 33446

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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM B. LUMLEY

PD

03/11/2008

Electronic Signature of Signing Officer or Director

_____ Date