

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28860

FILED  
Apr 20, 2009  
Secretary of State

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:**

7320 SKYLINE DR  
DELRAY BEACH, FL 33446 US

**Current Mailing Address:**

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

**New Mailing Address:**

7320 SKYLINE DR  
DELRAY BEACH, FL 33446 US

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

04/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date