


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # P01000034833 1. Entity Name LAND O'LAKES OIL & GAS, INC.		
Principal Place of Business 4109 LAND O' LAKES BLVD LAND O LAKES, FL 34639	Mailing Address 2701 NORTH ROCKY POINT DRIVE 525 TAMPA, FL 33607	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STAMATAKIS, P.A. 2701 NORTH ROCKY POINT DRIVE 525 TAMPA, FL 33607		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAMA JAKHOTIA, DEEPAK 15334 WINDING CREEK DR TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S PATEL, SANDIP I ESQ 3105 W. WATERS AVE., STE 315 TAMPA, FL 33614	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JAKHOTIA, RAMCHANDRA 15334 WINDING CREEK DR. TAMPA, FL 33613	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T PATEL, SANDIP I 3105 W. WATERS AVE., STE 315 TAMPA, FL 33614	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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: <u>R. R. Jakhotia</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2/24/06</u> <u>813-962-4172</u> <small>Date Daytime Phone #</small>



02242006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3713008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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03/11/06-80027-017 150.00

**DO NOT WRITE
IN THIS SPACE**