2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000089447

1. Entity Name PETRO EAST, INC.

FILED Feb 21, 2007 08:00 AM Secretary of State

Principal Place of Business

65 HWY 90 EAST DEFUNIAK SPRINGS, FL 33433 Mailing Address

P O BOX 688

DEFUNIAK SPRINGS, FL 32455



DO I	NOT	WRI	TE IN	THIS	SPACE
------	-----	-----	-------	------	--------------

02062007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For S9-3742709 Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CATES, JOHN 65 HWY 90 EAST DEFUNIAK SPRINGS, FL 32435

DO NOT WRITE IN THIS SPACE

		i			
	named entity submits this statement for the prions of registered agent.	urpose of changing its registered	d office or re	gistered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE.		ANOTE B		too too constant	DATE
	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	 Election Campaign Finance Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees	U00000641661 13/01/07-80009-009 150.00
10.	OFFICERS AND DIREC	CTORS			
TITLE	PTD				
NAME	CATES, JOHN C				
STREET ADDRESS	P O BOX 688				
CITY-ST-ZIP	DFS, FL 32435				
TITLE	VSD				
NAME	CATES, JOYCE				
STREET ADDRESS	P O BOX 688				
CITY-ST-ZIP	DFS, FL 32435				
TITLE					

DO NOT WRITE IN THIS SPACE

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.

SI	C)	TAN	115	>Ε∙
0	U	101	U 1	·-·

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

CITY-ST-ZIP

GNAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-07

850.892.6027

Daytime Phone #