

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90003 016 ***550.00

DOCUMENT # P01024

1. Entity Name
REB OIL INC.



Principal Place of Business
728 N. FEDERAL HWY.
P.O. BOX 3120
STUART, FL 34995

Mailing Address
PO BOX 3210
STUART, FL 34995 US

00001434



01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1054976

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCRAVY, DANIEL
728 N FEDERAL HWY
STUART, FL 34994

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCRAVY, DANIEL
STREET ADDRESS 728 N FEDERAL HWY
CITY-ST-ZIP STUART, FL

TITLE VP
NAME SCHUTZ, ROBERT C
STREET ADDRESS 728 N FEDERAL HWY
CITY-ST-ZIP STUART, FL

TITLE DT
NAME JOHNS, LEE
STREET ADDRESS 728 N. FEDERAL HWY
CITY-ST-ZIP STUART, FL 34995

TITLE VD
NAME MCCRAVY, DANIEL W.
STREET ADDRESS 728 N FEDERAL HWY
CITY-ST-ZIP STUART, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #