## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 23, 2004 8:00 am Secretary of State DOCUMENT # P02000008902 1. Entity Name 02-23-2004 90023 047 \*\*\*150.00 STORM OIL, INC. Principal Place of Business Mailing Address 6218 STILL POND CT. 6218 STILL POND CT. NEW PORT RICHEY FL 34655 **NEW PORT RICHEY FL 34655** 2. Principal Place of Business 3. Mailing Address 8218 STILL POND CT 8218 STILL POND CT Suite, Apt. #, etc CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 03-0392402 TRINITY, FLORIDA TRINITY, FLORIDA Not Applicable \$8.75 Additional 5. Certificate of Status Desired 34655 34655 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NATHANI, FARIDA-NATHANI, FARIDA 6218 STILL POND CT. Street Address (P.O. Box Number is Not Acceptable) **NEW PORT RICHEY FL 34655** 8218 STILL POND CT TRINITY 34655 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00. Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. [] Addition ☐ Delete TITLE NATHANI, FARIDA NAME NATHANI, FARIDA NAME 6218 STILL POND CT. STREET ADDRESS STREET ADDRESS 3218 STILL POND CT. NEW PORT RICHEY FL 34655 CITY-ST-7IP CITY-ST-7IP TRINITY, FL 34655 VICE PRESIDENT Change ☐ Delete TITLE TITLE ★ Addition NAME MOHAMMED, JUMMABHAI NAME STREET ADDRESS STREET ADDRESS 8218 STILL POND CT. CITY-ST-ZIP CITY - ST-ZIP TRINITY.FL 34655 TITLE Delete. TITLE ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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. 02-16-04 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED