

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90229 050 \*\*\*150.00

**DOCUMENT # P02000014632**

1. Entity Name  
**LIVE OAK DIESEL, INC.**



Principal Place of Business

~~8621 101 RD.~~ **1211 HOUSTON AVE. NW.**  
**LIVE OAK, FL 32064**

Mailing Address

~~8621 101 RD.~~ **1211 HOUSTON AVE. NW**  
**LIVE OAK, FL 32064**



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**01-0594622**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**BERNSEE, JANA**  
**8621 101 RD.**  
**LIVE OAK, FL 32060**

**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

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

**JANA BERNSEE**

(NOTE: Registered Agent signature required when reinstating)

**4/25/2005**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PT**  
**BERNSEE, RICHARD JR**  
**8621 101 RD.**  
**LIVE OAK, FL 32060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VS**  
**BERNSEE, JANA**  
**8621 101 RD.**  
**LIVE OAK, FL 32060**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

*Jana Bernsee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/2005**  
Date

**386.362.1903**  
Daytime Phone #