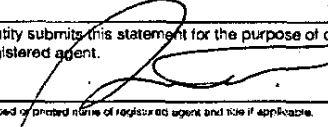
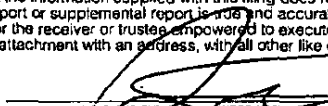


FILED
Feb 20, 2004 8:00 am
Secretary of State

01-30-2004 90077 038 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P02000022230			
1. Entity Name OIL KING, INC.			
Principal Place of Business 2715 BELCO DR ORLANDO, FL 32808		Mailing Address 2715 BELCO DR ORLANDO, FL 32808	
2. Principal Place of Business 2715 Belco Dr		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, FL 32808		City & State	
Zip		Zip	
Country		Country	
4. FEI Number APPROVED FOR 01-06/6010		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TAYEH, SAM 2715 BELCO DR ORLANDO, FL 32808		7. Name and Address of New Registered Agent Name: Same Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code	
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:  DATE: 2-17-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when releasing.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P TAYEH, SAM 875 LANCER CIR OCOE, FL 34761		☐ Change ☐ Addition	
S TAYEH, ABE 875 LANCER CIR OCOE, FL 34761		☐ Change ☐ Addition	
T TAYEH, SUGHI 875 LANCER CIR OCOE, FL 34761		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☐ Addition	
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: 		1-27-03 4078228089 Date Daytime Phone #	

02/28/2002 02:17

8139854946

US VENTURES REALTY E

PAGE 01

Form **SS-4**(Rev. April 2000)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, sole proprietorships, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

EIN **06-0611010**
OMB No. 1545-0045

1 Name of applicant (legal name) (see instructions) SAM TAYEH		3 Executor, trustee, name of name SAM TAYEH
2 Trade name of business (if different from name on line 1) OIL KING, INC.		5a Business address (if different from address on lines 4a and 4b)
4a Mailing address (street address) (room, apt., or suite no.) 875 JANDER CH		5b City, State, and ZIP code
4b City, State, and ZIP code DOVER FL 33581		5c City, State, and ZIP code
6 County and state where principal business is located USA		
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN or ITIN may be required (see instructions) SAM TAYEH		

8. Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a partnership company, see the instructions for line 8c.

- ☐ Sole proprietor (SSN)
☐ Partnership
☐ Estate (SSN of decedent)
☐ Federal service corp.
☐ Federal Guard
☐ Plan administration (SSN)
☐ State/local government
☐ Farmers' cooperative
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify) _____
☒ Other (specify) **CORPORATION** (enter GEN if applicable)

9a If a corporation, name the state or foreign country (if applicable) where incorporated FLORIDA		Foreign country	
9b Reason for applying (Check only one box.) (see instructions) ☒ Started new business (specify type) SERVICE ☐ RETAIL ☐ Hired employees (Check the box and see line 12.) ☐ Created a pension plan (specify type) _____ ☐ Other (specify) _____		☐ Banking purpose (specify purpose) _____ ☐ Changed type of organization (specify new type) _____ ☐ Purchase going business ☐ Created a trust (specify type) _____	
10 Date business started or acquired (month, day, year) (see instructions) 02/28/2002		11 Closing month of accounting year (see instructions) 06-01 (TED)	
12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0. (see instructions)			
14 Principal activity (see instructions) AUTOMOTIVE OIL CHANGE			
15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used _____			
16 To whom are most of the products or services sold? Please check one box ☒ Public (retail) ☐ Other (specify) _____ ☐ Business (wholesale)			
17a Has the applicant ever applied for an employer identification number for this or any other business? If "Yes," please complete lines 17b and 17c.			
17b If "Yes" checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application. If different from line 1 or 2 above, Legal name _____ Trade name _____			
17c Approximate date when and city and state where the application was filed. Enter previous employer's identification number if known. Approximate date when filed (month, day, year) _____ City and state where filed _____ Previous EIN _____			

Under penalty of perjury, I declare that I am the owner of this business, and to the best of my knowledge, the information is true, correct and complete.

Business telephone number (include area code)

(407) 390-8400

Fax telephone number (include area code)

(407) 397-9996

Name and title of preparer (if any)

RICHARD P. GANDON REGISTERED AGENT

Signature

Date 02/28/02

NOTE: Do not write below this line. For official use only.

Print name (last, first, middle initial)

Initial

Class

Size

Reason for applying

Print name