2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State
01-30-2004 90077 038 ***150.00

DOCUMENT # P02000022230

1. Entity Name
OIL KING, INC.

Principal Place of Business	Mailing Address
2715 BELCO DR ORLANDO, FL 32808	2715 BELCO DR ORLANDO, FL 32808

2. Principal Place of Business	3. Mailing Address
2715 Belco Dr	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL 32808	City & State
Zip / Country	Zip / Country

01142004 Chg-P CR2E034 (10/03)

4. FEI Number APPLIED FOR 01-0616010 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TAYEH, SAM 2715 BELCO DR ORLANDO, FL 32808	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: _____ 2-17-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

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	P TAYEH, SAM 875 LANCER CIR OCOEE, FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TAYEH, ABE 875 LANCER CIR OCOEE, FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TAYEH, SUGHI 875 LANCER CIR OCOEE, FL 34761	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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: _____ 1-27-04 407 822 8089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

03/11/2002 14:37 FAX 6314774991 IRS TELETAX 001/001

Attachment 66402545

#P02000022230

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, estates, churches, government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN 01-0611010

OMB No. 1545-0003 KS S-S

Please type or print clearly.

1 Name of applicant (legal name) (see instructions)
SAM TAYEH (TED)

2 Trade name of business (if different from name on line 1)
OIL KING, INC.

3 Executor, trustee, "care of" name
SAM TAYEH

4a Mailing address (street address) (room, apt., or suite no.)
875 LADDER CIR

5a Business address (if different from address on lines 4a and 4b)

4b City, State, and ZIP code
[illegible] FL [illegible]

5b City, State, and ZIP code

6 County and state where principal business is located
USA Orange (TED)

7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ 563-94-3009
SAM TAYEH

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

Caution: If applicable, select limited liability company, see the instructions for line 8a.

- ☐ Sole proprietor (SSN) ___ - ___ - ____
- ☐ Partnership
- ☐ REMIC
- ☐ State/local government
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☒ Other (specify) ▶ CORPORATION
- ☐ Agricultural service coop.
- ☐ Personal Guard
- ☐ Farmers' cooperative
- ☐ Estate (SSN of decedent) ___ - ___ - ____
- ☐ Plan administrator (SSN) ___ - ___ - ____
- ☐ Other corporation (specify) ▶
- ☐ Trust
- ☐ Federal government/military
- (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated — State: FLORIDA — Foreign country:

9 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) ▶
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Other (specify) ▶

10 Date business started or acquired (month, day, year) (see instructions)
02/25/2002

11 Closing month of accounting year (see instructions)
JUNE (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) ▶ | Nonagricultural | Agricultural | Household

14 Principal activity (see instructions) ▶ AUTOMOTIVE OIL CHANGE

15 Is the principal business activity manufacturing? ☐ Yes ☒ No
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) ☐ Business (wholesale) ☐ Other (specify) ▶ ☐ N/A

17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.

17b If you 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 identification number if known.
Approximate date when filed (mo., day, year) | City and state where filed | Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete. | Business telephone number (include area code)
(407) 380-8400

Name and title (Please type or print clearly.) ▶ RICHARD P. CONDON REGISTERED AGENT | Fax telephone number (include area code)
(407) 397-9996

Signature ▶ Date ▶ 02/28/02

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

Please leave blank ▶ | Geo. | Ind. | Class | Size | Reason for applying