


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2005 8:00 am
Secretary of State

05-10-2005 90112 022 ***150.00

DOCUMENT # P02000036480 1. Entity Name LOIL INVESTMENTS, INC.	
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Principal Place of Business 11014 ORANGESHIRE COURT OCOE, FL 34761	Mailing Address 11014 ORANGESHIRE COURT OCOE, FL 34761
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14017629



05062005 No Chg-P CR2E034 (10/03)

4. FEI Number 82-0538212	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent LOIL, BERTRAND 11014 ORANGESHIRE COURT OCOE, FL 34761
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOIL, BERTRAND 11014 ORANGESHIRE COURT OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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:

Bertrand Loil

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/05

Date

407-656-3031

Daytime Phone #