

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000126503

Entity Name: LILES OIL COMPANY, INC.

FILED
Mar 27, 2007
Secretary of State

Current Principal Place of Business:

201 KRAFT DRIVE
CASSELBERRY, FL 32707

Current Mailing Address:

201 KRAFT DRIVE
CASSELBERRY, FL 32707

New Principal Place of Business:

1759 W. BROADWAY STREET
SUITE 6
OVIEDO, FL 327658128 US

New Mailing Address:

1759 W. BROADWAY STREET
SUITE 6
OVIEDO, FL 327658128 US

FEI Number: 59-3592209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, CHRISTOPHER H ESQUIRE
7100 S HWY 17-92
FERN PARK, FL 32730 US

Name and Address of New Registered Agent:

DEAN MEAD SERVICES, LLC
800 N. MAGNOLIA AVE.
SUITE 1500
ORLANDO, FL 32803 US

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.

SIGNATURE: CHARLES H. EGERTON

03/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: LILES, DAVID
Address: 201 KRAFT DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: () Delete
Name:
Address:
City-St-Zip:

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Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPT (X) Change () Addition
Name: LILES, DAVID
Address: 201 KRAFT DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: DVS () Change (X) Addition
Name: LILES, CHRISTY
Address: 201 KRAFT DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: DV () Change (X) Addition
Name: TULP, LOUIS P
Address: P. O. BOX 621024
City-St-Zip: OVIEDO, FL 327621024

Title: DV () Change (X) Addition
Name: SPEARS, S. WAYNE
Address: 546 OSPREY LAKES CIRCLE
City-St-Zip: CHULUOTA, FL 327666658

Title: DV () Change (X) Addition
Name: LILES, JENNIFER
Address: 1759 W. BROADWAY STREET, SUITE 6
City-St-Zip: OVIEDO, FL 327658128

Title: D () Change (X) Addition
Name: EARLY, LAWRENCE III
Address: 1759 W. BROADWAY STREET, SUITE 6
City-St-Zip: OVIEDO, FL 327658128

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID LILES

P

03/27/2007

Electronic Signature of Signing Officer or Director

Date