


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90177 018 ***150.00

DOCUMENT # P02000130494	
1. Entity Name PRICE OIL, INC.	

Principal Place of Business 4524 OLDE PLANTATION PLACE DESTIN FL 32541	Mailing Address PO DRAWER 210249 MONTGOMERY AL 36121-0249
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2. Principal Place of Business 4203 Cougar Circle	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Niceville, FL	City & State
Zip 32578	Country USA

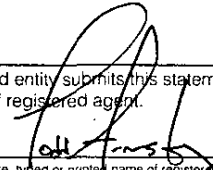


MOORE CR2E034 (11/03)

4. FEI Number 63-0776220	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ARMSTRONG, E. MYERS 4524 OLDE PLANTATION PLACE DESTIN FL 32541	7. Name and Address of New Registered Agent Name: M. Todd Armstrong Street Address (P.O. Box Number is Not Acceptable): 4203 Cougar Circle City: Niceville, FL 32578 State: FL Zip Code: 32578
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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: 4/20/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE CEO	NAME ARMSTRONG, M. TODD STREET ADDRESS 775 GULF SHORES DR., #9122 CITY-ST-ZIP DESTIN FL 32541	TITLE CEO	NAME Armstrong, M. Todd STREET ADDRESS 4203 Cougar Circle CITY-ST-ZIP Niceville, FL 32578
TITLE PD	NAME BEARDEN, JAMES M STREET ADDRESS 7217 BRISBANE PLACE CITY-ST-ZIP MONTGOMERY AL 36117	TITLE	NAME
TITLE VD	NAME CRAIN, KURT STREET ADDRESS 700 OLIVER RD. CITY-ST-ZIP MONTGOMERY AL 36117	TITLE	NAME
TITLE STD	NAME BROWN, CINDY STREET ADDRESS 2835 ORCHARD LANE CITY-ST-ZIP MONTGOMERY AL 36116	TITLE	NAME
TITLE Director	NAME E. Myers Armstrong STREET ADDRESS 4524 Olde Plantation Place CITY-ST-ZIP Destin, FL 32541	TITLE Director	NAME Freida P. Armstrong STREET ADDRESS 4524 Olde Plantation Place CITY-ST-ZIP Destin, FL 32541

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:  **DATE:** 4/20/04 **DAYTIME PHONE #:** 334-277-6688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR