
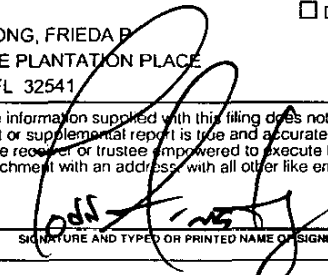


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90515 009 ***158.75

DOCUMENT # P02000130494 1. Entity Name PRICE OIL, INC.					
Principal Place of Business 4203 COUGAR CIR. NICEVILLE, FL 32578			Mailing Address PO DRAWER 210249 MONTGOMERY, AL 36121-0249		
2. Principal Place of Business 4566 Hwy 20 East Suite, Apt. #, etc. Suite 206			3. Mailing Address Suite, Apt. #, etc. 		
City & State Niceville, FL			City & State 		
Zip 32578		Country Okalosa		4. FEI Number 63-0776220	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ARMSTRONG, M. TODD 4203 COUGAR CIR. NICEVILLE, FL 32578			7. Name and Address of New Registered Agent Name 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEO ARMSTRONG, M. TODD 4203 COUGAR CIR. NICEVILLE, FL 32578	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BEARDEN, JAMES M 7217 BRISBANE PLACE MONTGOMERY, AL 36117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD CRAIN, KURT 700 OLIVER RD. MONTGOMERY, AL 36117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD BROWN, CINDY 2835 ORCHARD LANE MONTGOMERY, AL 36116	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMSTRONG, E. MYERS 4524 OLD PLANTATION PLACE DESTIN, FL 32541	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARMSTRONG, FRIEDA P 4524 OLDE PLANTATION PLACE DESTIN, FL 32541	<input type="checkbox"/> Delete			
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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

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