

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001619

FILED  
Aug 29, 2005  
Secretary of State

**Entity Name:** SHIMANTU PETROLEUM CORPORATION

**Current Principal Place of Business:**

SUPER STOP FOOD  
3485 FOWLER STREET  
FORT MYERS, FL 33902

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROBERT D. ROYSTON, JR.  
P.O. DRAWER 60205  
FORT MYERS, FL 33906

**New Mailing Address:**

**FEI Number:** 33-1036748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROYSTON, ROBERT D JR.  
12670 NEW BRITTANY BLVD.  
SUITE 101  
FORT MYERS, FL 33907 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: AHMAD, MONSUR  
Address: 965 MOON LAKE DR.  
City-St-Zip: NAPLES, FL 34104

Title: VST ( ) Delete  
Name: MOSTOFA, KAMAL  
Address: 2048 ROOKERY BAY DR., APT. #2017  
City-St-Zip: NAPLES, FL 34114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** MONSUR AHMAD

P

08/29/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date