

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000094277

1. Entity Name
E & J OIL ENTERPRISES, INC.



Principal Place of Business

**18820 GUNN HWY
TAMPA, FL 33556**

Mailing Address

**18820 GUNN HWY
TAMPA, FL 33556**

DO NOT WRITE IN THIS SPACE



07272006 No Chg-P CR2E034 (11/05)

4. FEI Number 83-0368481	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CAMACHO, ELMANO J
18820 GUNN HWY
TAMPA, FL 33556**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**U00000573107
08/02/06-80002-018 150.00**

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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	PSTD
NAME	CAMACHO, ELMANO J
STREET ADDRESS	18820 GUNN HWY
CITY-ST-ZIP	TAMPA, FL 33556

TITLE	VP
NAME	AGUINR, JOE
STREET ADDRESS	18820 GUNN HWY
CITY-ST-ZIP	ODESSA, FL 33556

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-06 (813) 920-8170
Date Daytime Phone #