2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90097 039 ***150.00

DOCUMENT # P04000077406

1. Entity Name
LARAMIE CHEMICAL & OIL CO., INC.

Principal Place of Business	Mailing Address
501 SOUTH FALKENBURG ROAD TAMPA, FL 33619	501 SOUTH FALKENBURG ROAD TAMPA, FL 33619

03182005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
4305 Hartford St Suite, Apt. #, etc.	P.O. Box 1382 Suite, Apt. #, etc.
City & State: Tampa Fl	City & State: Valrico Fl
Zip: 33614 Country: Hillsboro	Zip: 33595 Country: Hillsborough

4. FEI Number — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GODLEY, RICHARD SR 2706 FALLING LEAVES DRIVE VALRICO, FL 33594	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: R A Godley 4/3/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. [ ] **$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	PSD GODLEY, RICHARD SR 2706 FALLING LEAVES DR VALRICO, FL 33594	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD GODLEY, RICHARD JR 2706 FALLING LEAVES DR VALRICO, FL 33594	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		[ ] Change [ ] Addition

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: Richard A Godley Richard A Godley 4/3/05 813-248-5109
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #