


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000107781	
1. Entity Name RR & SS PETROLEUM CORP	

Principal Place of Business 95 US HWY 17-92 WEST HAINES CITY, FL 33844	Mailing Address 95 US HWY 17-92 WEST HAINES CITY, FL 33844
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DO NOT WRITE IN THIS SPACE



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1390422	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

**RAHMAN, BADAL
95 US HWY 17-92 WEST
HAINES CITY, FL 33844**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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

TITLE P	RAHMAN, JANNAT
NAME	95 US HWY 17-92 WEST
STREET ADDRESS	HAINES CITY, FL 33844
CITY-ST-ZIP	
TITLE VP	RAHMAN, BADAL
NAME	95 US HWY 17-92 WEST
STREET ADDRESS	HAINES CITY, FL 33844
CITY-ST-ZIP	
TITLE SEC	ALAM, MOHAMMED S
NAME	95 US HWY 17-92 WEST
STREET ADDRESS	HAINES CITY, FL 33844
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000489722
04/18/06-80026-025 150.00

**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: x *Badal Rahman* 3-30-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #