## **2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

## Mar 27, 2006 8:00 am Secretary of State DOCUMENT # P05000008998 03-27-2006 90260 050 \*\*\*150.00 FAST FRIENDLY FUELS, INC. Principal Place of Business Mailing Address 4707 BRISTOL BAY WAY 4707 BRISTOL BAY WAY **APT 103** APT 103 TAMPA FL 33619 **TAMPA FL 33619** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FELDlumber 725 368 City & State City & State Applied For Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent G. HArtles CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 City SAYA SOTA 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. 3.14.06 Signature tryped or printed name of registered agent and little if applicable (NOTE: Registored Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ĺЪ ☐ Delete TITLE ☐ Addition ☐ Change NAME HARTLEY, ROBERT NAME STREET ADDRESS 4707 BRISTOL BAY WAY APT 103 STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33619** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delate TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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. Robert C. Harriley 3:14.06 813.477.3281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prone 4

**FILED**