2007 FOR PROFIT CORPORATION ANNUAL REPORT

	AIIIVAL	IVEL OILL			FI	LED	
1. Entity Nam	MENT # P050000695	552				007 08:00 ary of Stat	
Principal Plac	e of Business	Mailing Address					
630 MAPLEY		630 MAPLEWOOD DRIVE					
JUPITER, FL	33438	JUPITER, FL 33458					
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en en la companya de				04142007 No Chg-P CR2E034 (11/05)			
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, <u>L</u>	O'HOL MAKILE	· · · · · ·	4. FEI Numb 20-298		Applied For Not Applicable		
Entropy of the property of the second						\$8.75 Additional	
	Committee of the second			5. Certificate		Fee Required	
	6. Name and Address of Current R	egistered Agent	_	S'41. 1 1	fig. 2 may 1 f	8	
TAYLOR	WILLIAME			- DO	NOT WOITE	' ' ' ' '	
TAYLOR, WILLIAM E 630 MAPLEWOOD DRIVE			•	טע	NOT WRITE	e _k yet	
JUPITER, FL 33458			ŀ	IN "	THIS SPACE		
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	named entity submits this statement for titions of registered agent.	ne purpose of changing its registe	rea office or register	ed agent, or bu	in, in the State of Florida. Fairs	arrillar will, and accept	
CONTRIBE							
SIGNATURE.	Signature, typed or printed name of registered agent an	dutte if applicable. (NOTE: Register	ed Agent signature required	when reinstating)	DATE		
		9 Floction Campaign Fina	uncina ¢E	.00 May Be			
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			~ ~ ~	ed to Fees			
10.	OFFICERS AND D	IRECTORS			 		
TITLE	PCOO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		r e	•	
NAME	GRAZIOTTO, RAYMOND E			•	* * (* * * * * * * * * * * * * * * * *		
STREET ADDRESS CITY-ST-ZIP	19651 N RIVERSIDE DR TEQUESTA, FL 33469			a total			
TITLE	CD		-	. **	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
NAME	SOLOMON, JOHN C II			Sec.	HOOODS A		
STREET ADDRESS	650 MAPLEWOOD DR #100				U0000071249 04/26/07-80049	- -012 150.00	
CITY-ST-ZIP	JUPITER, FL 33458				, olimpror coors	olf tonson '	
TITLE NAME	CFOS TAYLOR, WILLIAM			F	1 3 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to the table of the	
STREET ADDRESS	630 MAPLEWOOD DR #100		ŀ	DO	NOT WOITE		
CITY-ST-ZIP	JUPITER, FL 33458			DO	NOT WRITE	-	
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NAME STREET ADDRESS					,	, ja .	
CITY-ST-ZIP					× .	e e e e e e e e e e e e e e e e e e e	
TITLE			1	٠,		·e· s	
NAME				,		• • •	
STREET ADDRESS CITY-ST-ZIP					A		
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STREET ADDRESS						•	
CITY-ST-ZIP	certify that the information supplied with t					,	

SIGNATURE: William F. Thy William E. Thylor GO 442007 JU-625-9443

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DELECTOR Date Dayline Phone #