## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 31, 2005 08:00 AM Secretary of State DOCUMENT # P26583 1. Entity Name W.C. RICE OIL CO., INC. Mailing Address Principal Place of Business 2511 28TH ST., SW 2511 28TH ST., SW BIRMINGHAM, AL 35211 BIRMINGHAM, AL 35211 01262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 63-0639592 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WATFORD, TERESSA DO NOT WRITE 8817 FRONT BEACH RD 8817 FRONT BEACH RD. IN THIS SPACE PANAMA CITY BCH, FL 32407 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 little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE RICE, G.B. NAME 824 HEATHERWOOD TRAIL STREET ADDRESS 00000020\$270 01/31/05-80038-006 150.00 CITY-ST-ZIP BIRMINGHAM, AL NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-\$T-ZIP TITLE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 addless, with all other like empowered

ED OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED