


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P35587 1. Entity Name OSAN PETROLEUM CO., INCORPORATED	
---	---

Principal Place of Business 1167 6TH ST. MACON, GA 31206 US	Mailing Address POST OFFICE BOX 2285 MACON, GA 31203
---	--

DO NOT WRITE IN THIS SPACE

04062004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-1181258	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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 _____
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, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DC OSWALD, WALTER E. 856 TUCKER RD. MACON, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S OSWALD, KATHERINE A. 856 TUCKER RD. MACON, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V OSWALD, JOHN EDWARD 337 ABBOTT PLACE ST. SIMONS ISLAND, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GARCIA, PAMELA L 6639 VON REG DRIVE MACON, GA 31216
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP STILES, RICHARD 2786 ELLENWOOD CIRCLE N MACON, GA 31204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000117450
04/19/04-80020-009 150.00

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: Walter E. Oswald Jr. **WALTER E OSWALD JR.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4-5-04 Daytime Phone # 478-742-4534