


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90027 019 \*\*\*150.00

<b>DOCUMENT # P35587</b> 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 58-1181258	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DC		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSWALD, WALTER E. <input checked="" type="checkbox"/> Delete		NAME		
STREET ADDRESS	856 TUCKER RD.		STREET ADDRESS		
CITY-ST-ZIP	MACON, GA		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	DCS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSWALD, KATHERINE A.		NAME	Katherine A OSWALD	
STREET ADDRESS	856 TUCKER RD.		STREET ADDRESS	856 TUCKER RD	
CITY-ST-ZIP	MACON, GA		CITY-ST-ZIP	MACON GA	
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSWALD, JOHN EDWARD		NAME		
STREET ADDRESS	337 ABBOTT PLACE		STREET ADDRESS		
CITY-ST-ZIP	ST. SIMONS ISLAND, GA		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, PAMELA L		NAME		
STREET ADDRESS	6639 VON REG DRIVE		STREET ADDRESS		
CITY-ST-ZIP	MACON, GA 31216		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STILES, RICHARD		NAME	Richard stiles	
STREET ADDRESS	2786 ELLENWOOD CIRCLE N		STREET ADDRESS	1283 Jefferson TERRACE	
CITY-ST-ZIP	MACON, GA 31204		CITY-ST-ZIP	MACON GA 31201	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>Pamela L. Garcia</i> <b>PAMELA L. GARCIA</b> 1-13-06 478 742-4534					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

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