


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90006 002 ***150.00

DOCUMENT # P93000003464 1. Entity Name W W OIL PRODUCTS & PALLETS INC.	
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Principal Place of Business 2790 HWY 92 EAST PLANT CITY, FL 33566	Mailing Address 2790 HWY 92 EAST PLANT CITY, FL 33566
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DO NOT WRITE IN THIS SPACE

02272006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3153405

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

WINGATE, DONALD E
5505 W KNIGHTS GRIFFIN RD
PLANT CITY, FL 33565

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINGATE, DONALD E 5505 W KNIGHTS GRIFFIN RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WINGATE, KARAN E 5505 W KNIGHTS GRIFFIN RD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STEELE, LADONNA 5503 W. KNIGHTS GRIFFIN ROAD PLANT CITY, FL 33565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE: Ladonna Steele 2/28/06 (813) 707-8474

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