2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 02, 2005 08:00 AM DOCUMENT # P93000052579 **Secretary of State** 1. Entity Name CALCO OIL COMPANY Principal Place of Business Mailing Address 110 RAND YARD ROAD 110 RAND YARD ROAD SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) 4. FEI Number Applied For City & State City & State 59-3197962 Not Applicable \$8.75 Additional Ζip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHULTE, J. TIMOTHY Street Address (P.O. Box Number is Not Acceptable) 315 E ROBINSON ST SUITE 600 ORLANDO FL 32801 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 DATE (NOTE Registered Agent signature required when teatstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11 10. ☐ Addition dir Change bitt ☐ Dolete LETCHWORTH, CHARLES A MALLE NAME Unnonn351749 JIREFT ADDRESS STREET ADDRESS 110 RAND YARD ROAD 05/02/05-80159-006 150.00 CITY ST ZIP SANFORD FL 32771 CILC: ST: 7IP ☐ Change ☐ Addition Delete bits Met BAILEY, JOAN M MAASE STREET ADDRESS STREET ADDRESS 110 RAND YARD ROAD CHY-ST-7P SANFORD FL 32771 1017 ST 719 ☐ Change ☐ Addition Delete MLE nitt VAN KIRK, JOHN H NAME STREET ADDRESS STREET ADDRESS 110 RAND YARD ROAD CHY-ST-7IP CHY-ST-7IP SANFORD FL 32771 Delete ☐ Change ☐ Addition 1011 Ist i NAME STREET ADDRESS STREET ADDRESS (11Y-51-71P CHY-SE-7P ☐ Change ☐ Addition ☐ Delete HH 11111 h:Ahii NAME STREET ADDRESS THEFT ADDRESS CHY-51-21P (414-81-74) ☐ Addition ☐ Change HitE Delete HHE NAME NAME STREET ADDRESS STREET ADDRESS OTY-SI-7P OFF-SI-7P

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:

MATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER, OF DIRECTOR

4/29/2005 322-63

FILED