


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000000358 1. Entity Name FILLUP OIL COMPANY, INC.	
--	---

Principal Place of Business 8494 NAVARRE PKWY NAVARRE, FL 32566 US	Mailing Address 8494 NAVARRE PKWY NAVARRE, FL 32566 US
--	--



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3218545	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent WALTON, GARRETT W 17 S PALAFOX ST SUITE 394 PENSACOLA, FL 32501

**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 reinstalling) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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 PULLUM, WILLIAM A 8494 NAVARRE PARKWAY NAVARRE, FL 32566
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WALTON, GARRETT W 17 SOUTH PALAFOX PLACE STE 394 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BAKER, RICHARD R 17 SOUTH PALAFOX PL STE 394 PENSACOLA, FL 32501
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000010233
01/22/04-80023-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 address, with all other like empowered.

SIGNATURE:  William A. Pullum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04 850-939-2363
Date Daytime Phone #