2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000091180

Entity Name: B & T LUBRICATION CENTERS, INC.

FILED Jan 09, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Frincipal Flace Of Business.	New Fillicipal Flace Of Dusiliess.

1198 JOHN SIMS PARKWAY NICEVILLE, FL 32578 US 1198 E. JOHN SIMS PARKWAY NICEVILLE, FL 32578 US NICEVILLE, FL 32578 US

Current Mailing Address: New Mailing Address:

PO BOX 904 1198 E. JOHN SIMS PARKWAY NICEVILLE, FL 32588 US NICEVILLE, FL 32578 US

FEI Number: 59-3290477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TEER, WALTER F
408 CRYSTAL LANE
NICEVILLE, FL 32578 US

TEER, WALTER F
1198 E JOHN SIMS PARKWAY
NICEVILLE, FL 32578 US

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.

SIGNATURE: 01/09/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PS () Delete Title: PS (X) Change () Addition Name: TEER, WALTER F Name: TEER, WALTER F

Address: 408 CRYSTAL LANE Address: 1198 E. JOHN SIMS PARKWAY

City-St-Zip: NICEVILLE, FL 32578 City-St-Zip: NICEVILLE, FL 32578 US

Title: V () Delete Title: V (X) Change () Addition

 Name:
 MASHBURN, JOE W
 Name:
 MASHBURN, JOE W

 Address:
 1767 HOPPER ST APT 1
 Address:
 1767 HOPPER ST APT 1

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 NICEVILLE, FL 32578 US

Title: () Delete Title: ST () Change (X) Addition

 Name:
 Name:
 MASHBURN, TRESA

 Address:
 Address:
 1767 HOPPER ST APT 1

 City-St-Zip:
 City-St-Zip:
 NICEVILLE, FL 32578 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WALTER F TEER PS 01/09/2004