## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P95000001128

1. Entity Name

QUALITY PETROLEUM OF ALABAMA, INC.

US



Principal Place of Business

BIRMINGHAM, AL 35244

112 TRADE CENTER DR.

Mailing Address

P.O. BOX 3889

LAKELAND, FL 33802-3889

FILED
Apr 29, 2008 08:00 AM
Secretary of State



03312008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3339486

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WEEKS, RALPH W 1625 GEORGE JENKINS BLVD. LAKELAND, FL 33815

## DO NOT WRITE IN THIS SPACE

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8. The above the obliga	e named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE ·
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			cing	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DC WEEKS, RALPH W 1625 GEORGE JENKINS BLVD. LAKELAND, FL 33815	TORS			05/22/08-80093-004 705.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WEEKS, STEPHEN R. 1625 GEORGE JENKINS BLVD LAKELAND, FL 33815		!		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MELTON, C.D. 112 TRADE CENTER DR. BIRMINGHAM, AL 35244		-	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEEKS, SHANE S 1625 GEORGE JENKINS ROAD LAKELAND, FL 33815	,	IN THIS SPACE		
TITLE NAME STREET AODRESS CITY-ST-ZIP	T RHODEN, THOMAS J 1625 GEORGE JENKINS RD LAKELAND, FL 33815	:		-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			, , , ,		• •

12. I hereby certify that the information supplied with this filling 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 empoyered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/08

Daytime Phone #