2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000001128

Address:

City-St-Zip:

1625 GEORGE JENKINS RD

LAKELAND, FL 33815

Entity Name: QUALITY PETROLEUM OF ALABAMA, INC.

FILED Mar 30, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|---------------------------------|---|---|
| | DE CENTER DR HAM, AL 35244 | | | |
| Current Mailing Address: | | | New Mailing Address: | |
| P.O. BOX LAKELAN | 3889 D, FL 33802388 | 39 | | |
| FEI Number | : 59-3339486 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and | d Address of C | urrent Registered Agent: | Name and Address | of New Registered Agent: |
| LAKELAN | PRGE JENKINS D, FL 33815 | US | ournose of changing its registers | ed office or registered agent, or both, |
| | e of Florida. | domino uno statomenti lor tro p | varpose of orlanging to registere | a office of registered agent, or both, |
| SIGNATU | RE: | | | |
| | Electroni | c Signature of Registered Age | ent | Date |
| Election Ca | mpaign Financing | Trust Fund Contribution (). | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | DC () WEEKS, RALPH 1625 GEORGE LAKELAND, FL | JENKINS BLVD. | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | DP () WEEKS, STEPH 1625 GEORGE LAKELAND, FL | JENKINS BLVD | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | V () MELTON, C.D. 112 TRADE CEN BIRMINGHAM, A | | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: Address: City-St-Zip: | S () WEEKS, SHANE 1625 GEORGE LAKELAND, FL | JENKINS ROAD | Title: Name: Address: City-St-Zip: | () Change () Addition |
| Title: Name: | T () RHODEN, THOM | Delete IAS J | Title: Name: | () Change () Addition |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Address:

City-St-Zip:

SIGNATURE: RALPH W. WEEKS DC 03/30/2009