

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000016309

Entity Name: TOM'S CHEVRON, INC.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

3584 RED CLOUD TRAIL
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

3584 RED CLOUD TRAIL
ST. AUGUSTINE, FL 32086

New Mailing Address:

3673 LONE WOLF TRAIL
ST. AUGUSTINE, FL 32086

FEI Number: 59-3304571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLEILAT, M T
3584 RED CLOUD TRAIL
ST. AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

KOLEILAT, M T
3673 LONE WOLF TRAIL
ST. AUGUSTINE, FL 32086 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: _____

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: KOLEILAT, M T
Address: 3584 RED CLOUD TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DST () Delete
Name: KOLEILAT, NANCY J
Address: 3584 RED CLOUD TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KOLEILAT, M T
Address: 3673 LONE WOLF TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DST (X) Change () Addition
Name: KOLEILAT, NANCY J
Address: 3673 LONE WOLF TRAIL
City-St-Zip: SAINT AUGUSTINE, FL 32086

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.

SIGNATURE: NANCY KOLEILAT

DST

01/09/2009

Electronic Signature of Signing Officer or Director

Date