

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000035384

1. Entity Name
THE OIL DEPOT, INC.



Principal Place of Business
**174 SW PORT ST. LUCIE BLVD.
#174
PORT SAINT LUCIE, FL 34984**

Mailing Address
**174 SW PORT ST. LUCIE BLVD.
#174
PORT SAINT LUCIE, FL 34984**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0649442

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HARNED, ANTHONY L
5211 OLEANDER AVE
FT. PIERCE, FL 34952**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000628974
02/16/07-90038-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARNED, ANTHONY L
STREET ADDRESS	5211 OLEANDER AVE
CITY-ST-ZIP	FT. PIERCE, FL 34952
TITLE	D
NAME	HARNED, MELISSA M
STREET ADDRESS	5211 OLEANDER AVE.
CITY-ST-ZIP	FT. PIERCE, FL 34952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not violate 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 provide 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 empowers.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2607 772
Date Daytime Phone # 336-5854