

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90042 029 ***150.00

DOCUMENT # P95000090299

1. Entity Name
OIL PRO, INC.



Principal Place of Business
% GREASE MONKEY
2090 TAMiami TRAIL
PORT CHARLOTTE, FL 33948 US

Mailing Address
GREASE MONKEY
2090 TAMiami TRAIL
PORT CHARLOTTE, FL 33948 US

40067696



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

04012008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0620234

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BYRD, J W
138 SW SEVILLE PLACE
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

Name
Lance D. Petersen
Street Address (P.O. Box Number is Not Acceptable)
1883 Canary Palm Way
City North Port FL Zip Code 34266

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 *Lance D. Petersen* Lance D. Petersen DATE 4.2.08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYRD, J W	
STREET ADDRESS	138 SW SEVILLE PLACE	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BYRD, JOAN E	
STREET ADDRESS	138 SW SEVILLE PLACE,	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSEN, LANCE D	
STREET ADDRESS	1883 CANARY PALM WAY	
CITY-ST-ZIP	NORTH PORT, FL 34266	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WADDICK, JOHN E	
STREET ADDRESS	1605 N HOWARD ST	
CITY-ST-ZIP	ALEXANDRIA, VA 22304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	President, Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report of 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 empowered.

SIGNATURE: *Lance D. Petersen* Lance D. Petersen, President 4/8/08 (941) 286-0645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #