

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 8:00 am
Secretary of State

01-17-2008 90031 049 ***158.75

DOCUMENT # P96000029672

1. Entity Name
BUNKERS INTERNATIONAL CORP.



Principal Place of Business
**110 TIMBERLACHEN CIRCLE
SUITE #1012
LAKE MARY, FL 32746 US**

Mailing Address
**110 TIMBERLACHEN CIRCLE
SUITE #1012
LAKE MARY, FL 32746 US**

400003040



DO NOT WRITE IN THIS SPACE

01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0657189

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CANAL, JOHN T
110 TIMBERLACHEN CIRCLE
SUITE #1012
LAKE MARY, FL 32746**

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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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PC
CANAL, JOHN T
110 TIMBERLACHEN CIRCLE, SUITE #1012
LAKE MARY, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPT
CANAL, MARIA T
110 TIMBERLACHEN CIRCLE
LAKE MARY, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 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 an other like empowered.

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

01/08/08 **407-328-7757**
Date Daytime Phone #