

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000059452

FILED
Mar 14, 2005
Secretary of State

Entity Name: WEST CENTRAL FLORIDA OIL COMPANY

Current Principal Place of Business:

220 CYPRESS TRACE
TARPON SPRINGS, FL 34688

New Principal Place of Business:

Current Mailing Address:

220 CYPRESS TRACE
TARPON SPRINGS, FL 34688

New Mailing Address:

FEI Number: 59-3389533

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHABO, MICHAEL
1807 10TH STREET SOUTH
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

SHABO, MICHAEL
220 CYPRESS TRACE
TARPON SPRINGS, FL 34688 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:

03/14/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SHABO, MICHAEL
Address: 220 CYPRESS TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

Title: S (X) Delete
Name: SHABO, SAMIRA
Address: 220 CYPRESS TRACE
City-St-Zip: TARPON SPRINGS, FL 34688

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MICHAEL SHABO

D

03/14/2005

Electronic Signature of Signing Officer or Director

Date