## 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED ANNUAL REPORT								
DOCUMENT # P9700008576								
1. Entity Name *** CLEWISTON OIL I, INC.						FILED		
				TAE	04 NOV -9	AM 8: 28	ļ	
Principal Plac		Mailing Address		SECRETAR	Y OF STATE	· •		
		641 EAST SUGERLAND HIGHWAY CLEWISTON, FL 33440		TALLAHASS	SEE, FLORID	A		
Principal Place of Business     3. Mailing Address								
641 E. Sugar land Hwy.		641 E. Sug	641 E. Sugarland Hwy Suite, Apt. #, etc.			PRILI MARIL BRIMI IMINI NE	##	
Suite, Apt.	#, etc. •			11032004 Chg-P	CR2E034 (	10/03)		
Clewiston, FL		City & State CICWISTON, FL			<del></del>			plied For t Applicable
Zip .33	3440 Country USA	Zip 33440	Country USA	4	5. Certificate of Status Desired	ı □ <b>\$8.</b>	. <b>75</b> Addi Required	itional
	6. Name and Address of Current Re	gistered Agent	Ness		7. Name and Address of New	Registered Ager	ıt	
MCGAHEE, MELANIE A				Name Melanie A. McGahee				
641 EAST SUGERLAND HIGHWAY CLEWISTON, FL 33440					P.O. Box Number is Not Acceptal  W. Sugarland	Hwy.		
					<u> </u>			
					iston	FL	Zip Code	つつそそん
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 regustered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
Amended AR is \$61.25		Election Campaign     Trust Fund Contrib			00 May Be ed to Fees			
10.	OFFICERS AND DI	 RECTORS	11.		ADDITIONS/CHANGES TO O	FFICERS AND DIR	RECTORS	SIN 11
TITLE	DVP	☐ Delete	TITLE	P:	57	_ 🗷	Change	Addition
NAME STREET ADDRESS	DAVIS, JAMES A JR. 641 EAST SUGERLAND HIGHWAY	(	NAME STREET ADDRESS	Jan	mes A. Davis, Jr I E. Sugarland Wiston, FL	Hwy.		
CITY-ST-ZIP	CLEWISTON, FL 33440		CITY-ST-ZIP	CIE	Wiston, FL.			
TITLE NAME	DP MATHIS, DELBERT	Delete	TITLE NAME			_	Change 	☐ Addition
STREET ADDRESS CITY-ST-ZIP	641 EAST SUGERLAND HIGHWAY CLEWISTON, FL 33440	<b>'</b>	STREET ADDRESS CITY-ST-ZIP		1179742168	D19 **7	ð.00	i
TITLE NAME		☐ Delete	TITLE NAME		·••		Change	☐ Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP TITLE		☐ Delete	CITY-ST-ZIP TITLE				Channa	☐ Addition
NAME		LI Defete	NAME			Ь	Change	Aconton
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE		☐ Delete	TITLE		101		Change	Addition
NAME STREET ADDRESS			NAME STREET ADDRESS		Mula			
CITY-ST-ZIP			CITY-ST-ZIP		h			
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #