## 2007 FOR PROFIT CORPORATION

## **FILED** Ian 25, 2007 08:00 A tate-

| ANNUAL REPORT  |  |   |                               | Jan 23, 2007 00.0                        |   |  |  |
|--|--|---|-------------------------------|--|---|--|--|
| DOCUMENT # P97000017028  |  |   |                               |  | · i   | Secretary of St                              |  |
| PETROLEUM PACKERS OF JACKSONVILLE, INC.  |  |   |                               |  |   |  |  |
| Principal Place<br>3101 TALLEY<br>JACKSONVILL  |  | Mailing Address<br>1601 MCCLOSKEY BLVD.<br>TAMPA, FL 33605-6710 |                               |  |   |  |  |
|  |  |   | 01092007                      | No Chg-P                                 | CR2E034 (11/05)                                   |  |  |
| DO NOT WRITE IN THIS SPACE   |  |   | CE                            | 4. FEI Number 59-34370 5. Certificate of |   | Applied For Not Applicable \$8.75 Additional |  |
|  | 6. Name and Address of Current Re                                    | reletored Atlant  | <u> </u>                      |  |   | Fee Required                                 |  |
| BARKETT, KENNETH D<br>1601 MCCLOSKEY BLVD<br>TAMPA, FL 33605   |  |   | DO NOT WRITE<br>IN THIS SPACE |  |   |  |  |
| the obligat  | named entity submits this statement for lions of registered agent.   | he purpose of changing its registe                              | red office or registë         | red agent, or both,                      | in the State of Flo                               | rida. I am familiar with, and accept         |  |
| SIGNATURE.   | Signature, typed or printed name of registered egent an              | d title if applicable (NOTE, Register                           | red Agent signature requires  | d when reinstating)                      |   | DATE .                                       |  |
| FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finar Trust Fund Contribution. |  |   |                               | .00 May Be<br>led to Fees                |   |  |  |
| 10.  | OFFICERS AND D   | IRECTORS .  |                               | · · · · · · · · · · · · · · · · · · ·    | * <del>************************************</del> |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PD<br>BARKETT, HARRY J<br>1601 MCCLOSKEY BLVD<br>TAMPA, FL 336056710 |   |                               |  |   |  |  |
| TITLE NAME STREET ADDRESS GITY-S1-ZIP  | VPS<br>BARKETT, ANTHONY J<br>1601 MCCLOSKEY BLVD<br>TAMPA, FL 33605  |   |                               |  |   | 602653<br>80098-013 1143.75                  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | AS<br>BARKETT, KENNETH D<br>1601 MCCLOSKEY BLVD<br>TAMPA, FL 33605   |   |                               | DO NOT WRITE                             |   |  |  |
| INTLE NAME STREET ADDRESS CITY-ST-ZIP  | T<br>BARKETT, RICHARD A<br>1601 MCCLOSKEY BLVD<br>TAMPA, FL 33605    |   |                               | IN THIS SPACE                            |   |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |                               |  | Tillio Tillio Nerg Saalo a                        | · • • • • • • • • • • • • • • • • • • •      |  |
| TITLE NAME   |  | —· •••  |                               | , <b>.</b>                               | •   |  |  |

12. I hereby certify that the information supplied with this filling does not quality 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 all other like empowered.

SIGNATURE:

CITY-ST-ZIP