


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90075 015 ***150.00

DOCUMENT # P97000054138	
1. Entity Name CLARENDON PETROLEUM, INC.	

Principal Place of Business 2512 TRYON PL. WINDERMERE, FL 34786	Mailing Address 2512 TRYON PL. WINDERMERE, FL 34786
---	---

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

40072200



04042007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3459127	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent	
VAN DEVENTER, THEODORE H 120 E. MAPLE ST. WINTER GARDEN, FL 34777-1004	

7. Name and Address of New Registered Agent	
Name JOHN A. Blackstock	
Street Address (P.O. Box Number is Not Acceptable) 2512 TRYON PL	
WINDERMERE, FL 34786	
City	Zip Code
FL	

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 	DATE 4/17/07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
---	---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	D BLACKSTOCK, JOHN A
STREET ADDRESS	2512 TRYON PL.
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	<input type="checkbox"/> Delete
NAME	ST- YVETTE V BLACKSTOCK
STREET ADDRESS	2512 TRYON PL
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	<input type="checkbox"/> Delete
NAME	VP BLACKSTOCK, ANDREW J
STREET ADDRESS	9222 WOODBREEZE BLVD
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	<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	<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 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:

 Sec/Treasurer

4/17/07