

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000060912

Entity Name: SOUTH BAY LUBE, INC.

FILED
Mar 28, 2005
Secretary of State

Current Principal Place of Business:

1513 N WASHINGTON BLVD
SARASOTA, FL 34236 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 270158
TAMPA, FL 33688

New Mailing Address:

1513 N WASHINGTON BLVD
SARASOTA, FL 34236

FEI Number: 59-3457634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OSKARSSON, LEIF
4301 EAST BAY DRIVE
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

OSKARSSON, LEIF
1513 N WASHINGTON BLVD
SARASOTA, FL 34236 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:

03/28/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OSKARSSON, LEIF
Address: 141 BAYSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33767

Title: VTD () Delete
Name: VERNAL, RICHARD JR
Address: 15749 SCRIMSHAW DR
City-St-Zip: TAMPA, FL 33624

Title: DE () Delete
Name: OSKARSSON, CYNTHIA
Address: 141 BAYSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33767

Title: VS (X) Delete
Name: THOMAS, JASON C
Address: 13017 CARLINGTON LANE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VTD (X) Change () Addition
Name: THOMAS, JASON C
Address: 4763 TRAVINI CIR UNIT 116
City-St-Zip: SARASOTA, FL 34235

Title: VSD (X) Change () Addition
Name: OSKARSSON, CYNTHIA
Address: 141 BAYSIDE DRIVE
City-St-Zip: CLEARWATER, FL 33767

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: JASON C THOMAS

VTD

03/28/2005

Electronic Signature of Signing Officer or Director

Date