


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000082311</b>	
1. Entity Name <b>PETRO 21 INC.</b>	

Principal Place of Business <b>C/O WAYNE C ASHLEY 1101 ROSEMARY CT., A-104 NAPLES, FL 34103</b>	Mailing Address <b>C/O NRASHLEY #106 1044 CASTELLO DRIVE NAPLES, FL 34103</b>
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**DO NOT WRITE IN THIS SPACE**



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3535005</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**STETLER, RONALD L  
5551 RIDGEWOOD DRIVE, STE 101  
NAPLES, FL 34108**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLEY, WAYNE C 1101 ROSEMARY CT #A-104 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JERKINS, MARRELL F 14275 LAUREL TR WEST PALM BEACH, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NALE, STEVE 14400 SW 30TH ST DAVIE, FL 33330
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ASHLEY, N. REX 1044 CASTELLO DR #106 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UN00007329520  
04/25/05-80123-007 150.00

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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 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:** *Wayne C Ashley* *N Rex Ashley* *4/20/05* *239 261 7200*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #