2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # V01163

1. Entity Name

NEWARK PETROLEUM COMPANY, INC.



Principal Place of Business

7898 LAINA LANE

UNIT # 4 BOYNTON BEACH, FL 33437

Mailing Address

7898 LAINA LANE

UNIT#4

BOYNTON BEACH, FL 33437

FILED Apr 12, 2004 08:00 AM Secretary of State



03242004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0309087

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

FRANZBLAU, AARON 7898 LAINA LANE UNIT#4

DO NOT WRITE

BOYNTON BEACH, FL 33437			IN THIS SPACE				
the obligat	named entity submits this statement for the plans of registered agent.	ourpose of changing its registere	d office or	registered agent, or b	oth, in the State of Florida. I am femiliar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	faccicable. (NOTE, Registered	Agent argnatur	e required when reinstating)	CATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Slection Campaign Finan Trust Fund Contribution.	cing 🛘	\$5.00 May Be Added to Fees			
13. TITLE NAME	OFFICERS AND DIRECT PD FRANZBLAU, AARON	CTORS		_			
STREET ADDRESS CITY-ST-ZIP	7898 LAINA LANE # 4 BOYNTON BEACH, FL 33437				U00000109958		
THEE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANZBLAU, SARAH 7898 LAINA LANE #4 BOYNTON BEACH, FL 33437			U00000108958 04/12/04-80024-008 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARUTZ, ARLEEN D 18 VALLEY FORGE ROAD MORRIS PLAINS, NJ 07950			DO NOT WRITE			
title Name Street Address City-St-ZP	D CRAFT, JUDITH 4415 SHAGBARK COURT LEXINGTON, KY 40515		IN THIS SPACE				
Title Name Street address City-St-Zip	D KURTZ, SUSAN F 9128 MERRITT DRIVE SOMERVILLE, NJ 08876						
TITLE NAME	D FINN, RENEE						

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, 1 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 of visitee empowered of execute this report as required by Chapter 907, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment without address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS 2 BARRY DRIVE

FRAMINGHAM, MA 01701

FFICER OR DIRECTOR