2005 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

Secretary of State DOCUMENT # V19487 07-28-2005 90006 002 ***158.75 1. Entity Name ST. MARKS REFINERY, INC. Mailing Address Principal Place of Business 627 FORT LEON DRIVE **7055 HOLLISTER RD** ST.MARKS, FL 32355 HOUSTON, TX 77040 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc. 07072005 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number 59-3112231 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MESSER.CAPARELLO & SELF.P.A Street Address (P.O. Box Number is Not Acceptable) 215 SOUTH MONROE STREET **SUITE 701** TALLAHASSEE, FL 32301 Zip Code City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Change TILLE KNIGHT, JAMES E NAME NAME 7055 HOLLISTER RD. STREET ADDRESS STREET ADDRESS HOUSTON, TX 77040 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete Tepatrick, Denis J. 0.80×6789 NAME FITZPATRICK, DENIS J NAME STREET ADDRESS 7055 HOLLISTER RD. STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77040 CITY-ST-ZIP ngwood, TX77325-6789 ☐ Addition ASTS Delete TITLE TITLE William L. TRACY, WILLIAM L NAME NAME 7055 HOLLISTER RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOUSTON, TX 77040 CITY-ST-ZIP ■ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED

Jul 28, 2005 8:00 am