


2004 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Sep 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 480477
 1. Entity Name
MAASSEN OIL CO., INC.



Principal Place of Business Mailing Address
612 N BREVARD AVE **PO BOX 877**
ARCADIA, FL 34266 US **ARCADIA, FL 34265 US**

DO NOT WRITE IN THIS SPACE



09202004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1608783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MAASSEN, JOHN S., III
612 N. BREVARD AVENUE
ARCADIA, FL 34266

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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: *John S. Maassen* 9/24/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000172491
 09/24/04-80002-001 558.75

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SDT MAASSEN, KATHRYN 1440 N ARCADIA AVE ARCADIA, FL 00000, 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MAASSEN, JOHN, III 2490 NW OWENS AVE ARCADIA, FL 00000, 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MAASSEN, DAVID LAMBERT 140 S. OSCEOLA AVENUE ARCADIA, FL 00000, 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MAASSEN, FRANK EDWARD HANSEL ROAD ARCADIA, FL 00000, 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C MAASSEN JR., JOHN S. 1440 NORTH ARCADIA AVE ARCADIA, FL 00000, 34266
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: *John S. Maassen III Pres* 9/24/04 863/494-2253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #