

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000014797

**FILED  
Apr 29, 2015  
Secretary of State  
CC6853378870**

**Entity Name:** XUN OIL CORPORATION

**Current Principal Place of Business:**

12759 NE WHITAKER WAY  
#C453  
PORTLAND, OR 97230

**Current Mailing Address:**

12759 NE WHITAKER WAY  
#C453  
PORTLAND, OR 97230 US

**FEI Number:** 46-1048398

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JIMERSON & COBB, P.A.  
RIVERSIDE CENTER, 701 RIVERSIDE PARK PLACE  
SUITE 302  
JACKSONVILLE, FL 32204 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MIKOLAJCZYK, JERRY G  
Address        12759 NE WHITAKER WAY  
                  #C453  
City-State-Zip: PORTLAND OR 97230

Title            TREASURER  
Name            SPIER, WILLIAM D  
Address        12759 NE WHITAKER WAY  
                  #C453  
City-State-Zip: PORTLAND OR 97230

Title            DIR  
Name            ST. CYR, WAYNE  
Address        12759 NE WHITAKER WAY  
                  #C453  
City-State-Zip: PORTLAND OR 97230

Title            DIRECTOR  
Name            MIKOLAJCZYK, JERRY G  
Address        12759 NE WHITAKER WAY, #C453  
                  #C453  
City-State-Zip: PORTLAND OR 97230

*I hereby 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 all other like empowered.*

**SIGNATURE:** JERRY G. MIKOLAJCZYK

**PRESIDENT**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date