



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 131350		2. Name of Corporation Giant Yorktown, Inc.			
3. Street Address Principal Business Office 23733 N. Scottsdale Rd		City Scottsdale	State AZ	Zip 85255	
4. Business Phone No. 480-585-8888		5. State of Incorporation DELAWARE			6. SIC Code 32410
7. Brief Description of the Character of Business Conducted in Rhode Island PETROLEUM REFINING.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Morgan Gust			Vice President Name Greg Barber		
Street Address 23733 N. Scottsdale Rd			Street Address 23733 N. Scottsdale Rd		
City Scottsdale	State AZ	Zip 85255	City Scottsdale	State AZ	Zip 85255
Secretary Name Kim Bullerdick			Treasurer Name MARK COX (see address below)		
Street Address 23733 N. Scottsdale Rd			Street Address 23733 N. Scottsdale Rd		
City Scottsdale	State AZ	Zip 85255	City Scottsdale	State AZ	Zip 85255
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kim Bullerdick			Director Name Roger Sandeen		
Street Address 10657 E. LeMarche DR.			Street Address 15221 N. Clubgate		
City Scottsdale	State AZ	Zip 85259	City Scottsdale	State AZ	Zip 85254
Director Name Mark Cox			Director Name		
Street Address 7647 E. Mary Sharon			Street Address		
City Scottsdale	State AZ	Zip 85255	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500,000 COMM	\$1.00 PAR VALUE		1,000	Common	\$1.00 Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*131350\*

File Date 2-11-05  
Check No. 196991  
By: ac

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer

Mark B Cox  
Print or Type Name of Officer

CFO  
Title of Officer

01/05/05  
Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

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Form with sections for Corporate ID No., Name of Corporation, Street Address, Business Phone No., State of Incorporation, SIC Code, Brief Description of Business, Names and Addresses of Officers (President, Vice President, Secretary, Treasurer), and Names and Addresses of Directors. Includes sections for Shares Authorized and Shares Issued.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 3 1 3 5 0 \*

File Date 2/17/04
Check No. 162721
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer [Signature] Date 2/11/04
Print or Type Name of Officer Mark Cox
Title of Officer Treasurer