1193159

FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6). AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden

hours per response . . . 16.00

SEC U	SE ONLY
Prefix	Serial
DATE F	RECEIVED

Name of Offering (check if this is an amend	ment and name has changed, and indicate change.)	
Convertible Debenture and Warran	t	
Filing Under (Check box(es) that apply):	ıle 504 🔲 Rule 505 🔀 Rule 506 🔲 Section	on 4(6) ULOE
Type of Filing: New Filing Amen	dment	
	A. BASIC IDENTIFICATION DATA	A CONTRACTOR OF THE CONTRACTOR
1. Enter the information requested about the issuer	•	
Name of Issuer (check if this is an amendme	ent and name has changed, and indicate change.)	
Maverick Oil and Gas, Inc.		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
888 Las Olas Boulevard, Suite 400	Ft. Lauderdale, FL 33301	(954) 463-5707
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)	PROCESSED	2
Brief Description of Business		WAS PROCE
oil and gas company	DEC 3 0 2005 /	ASH SO
	Trumania	
	THOMSON	0 0 0 6
Type of Business Organization	FINANCIAL	
	imited partnership, already formed	other (prease spectry):
business trust	imited partnership, to be formed	
Astual or Estimated Data of Incomparation or Orga	Month Year	Actual Estimated
Actual or Estimated Date of Incorporation or Organization: (En	ter two-letter U.S. Postal Sevice abbreviation for Sta	
	for Canada; FN for other foreign jurisdiction)	N V
	,	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

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Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

			FICATION DATA		
2. Enter the information reques	sted for the follo	wing:			
Each promotor of the iss	suer, if the issue	r has been organized within t	he past five years;		
 Each beneficial owner h issuer; 	aving the power	to vote or dispose, or direct	the vote or disposition of, 10	% or more of a clas	ss of equity securities of the
Each executive officer a	nd director of co	orporate issuers and of corpo	rate general and managing pa	rtners of partnershi	p issuers; and
 Each general and manage 	ging partner of pa	artnership issuers.			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Harlow, V. Ray					
Business or Residence Address	(Number a	and Street, City, State, Zip Co	ode)		
c/o 888 Las Olas Boule					
	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Ruddy, John A.					
Business or Residence Address	(Numbe	er and Street, City, State, Zip	Code)		
c/o 888 Las Olas Boule	evard, Suite	400, Ft. Lauderdale	, FL 33301		
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	idividual)				
Parrish, James M.	,				
Business or Residence Address	(Number a	and Street, City, State, Zip Co	ode)		
c/o 888 Las Olas Boule					
Check Box(es) that Apply:	- 	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Johnson, Lance	,				
Business or Residence Address	(Number a	and Street, City, State, Zip C	ode)		
c/o 888 Las Olas Boule	·				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	ndividual)				
Line Trust Corporation	,				
Business or Residence Address		and Street, City, State, Zip C	ode)		
57/63 Line Wall Road			,		
Check Box(es) that Apply:		Beneficial Owner	Executive Officer	Director	General and/or
encer Box(es) mai rippi).	_ Tremeter	Deliverse at 10 miles			Managing Partner
Full Name (Last name first, if in	ndividual)				
M.V. Oil and Gas Con	npany				
Business or Residence Address		and Street, City, State, Zip C	ode)		
Box 751 Providenciale					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if it	ndividual)		×		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Preng, David

Business or Residence Address

(Number and Street, City, State, Zip Code)

c/o 888 Las Olas Boulevard, Suite 400, Ft. Lauderdale, FL 33301

	: :				- B. 1	NFORMA	TION AB	OUT OFF	ERING	Z. E. Car		·:	100	
1 1	Hac the	icener cal	d ordoos	the issuer in	tand to call	to non one	raditad in	actors in the	o offering?				Yes	No
1. 1	rias ine	: issuer soi	u, or does						-		•••••		ш	
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?								\$ n/a						
Y							Yes	No						
3. Does the offering permit joint ownership of a single unit?4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or						\boxtimes								
				icitation of p ent of a brok										
1	broker	or dealer.	If more th	an five (5) p	ersons to be									
				or dealer onl	у.									
	ame (L	ast Name	first, if indi	vidual)										
n/a 														
Busine	ss or R	Residence A	Address (N	umber and S	Street, City,	State, Zip	Code)						,	
Name	of Ass	ociated Bro	oker or Dea	aler										
States	in Whi	ch Person	Listed Has	Solicited or	Intends to	Solicit Pur	chasers					-		
				ndividual Sta									Пан	l States
•	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]		[DE]	[DC]	[FL]	[GA]	[HI]	[ID	
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[]	RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[W1]	[WY]	[PR]
Full N	ame (L	ast Name	first, if ind	ividual)										
Busine	ess or F	Residence .	Address (N	umber and S	Street, City,	State, Zip	Code)							
							,							
Name	of Ass	nciated Br	oker or Dea	aler										
Name	UI ASS	ociated Di	oker or Dea	1101										
				Solicited or										
					,									States
_	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	-
	IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO	_
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D			A 11 (X	, ,	<u> </u>	C 7.	C 1)							
Busine	ess or h	Residence.	Address (N	umber and S	street, City,	State, Zip	Code)							
Name	of Ass	ociated Br	oker or De	aler										
States	in Wh	ich Person	Listed Has	Solicited of	r Intends to	Solicit Pur	rchasers							
				ndividual Sta									□Al	l States
[/	AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID	}

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[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RJ]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	ΕO	F PROCEEDS		34 - SE	** <u>***</u>
1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.					
	Type of Security		Aggregate Offering Price		Aı	nount Already Sold
	Debt	\$_	0	\$		0
	Equity	\$	0	\$		0
	Common Preferred					
	Convertible Securities (including warrants) convertible debenture & warrant	\$_	2,000,000	\$	2,	000,000
	Partnership Interests	\$	0	\$		0
	Other (Specify)	\$_	0	\$		0
	Total	\$_	2,000,000	\$	2,	000,000
	Answer also in Appendix, Column 3, if filing under ULOE.					
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."					
			Number Investors			Aggregate vollar Amount of Purchases
	Accredited Investors	-	1	_ \$	2,	000,000
	Non-accredited Investors		0	\$		0
	Total (for filings under Rule 504 only)		0	\$		0
	Answer also in Appendix, Column 4, if filing under ULOE.					
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.					
	Type of offering		Type of Security		L	Pollar Amount Sold
	Rule 505	_	n/a	\$		0
	Regulation A		n/a	\$		0
	Rule 504		n/a	\$		0
	Total		n/a	\$		0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.					
	Transfer Agent's Fees			\$		0
	Printing and Engraving Costs			\$	·	0
	Legal Fees			\$		0
	Accounting Fees			\$	·	0
	Engineering Fees			\$;	0
	Sales Commissions (specify finders' fees separately)			\$		0
	Other Expenses (identify) origination fee of 3%			¢	:	60 000

Total	\$	60,000	

v - -

	C. OFFERING PRICE, NUMBER O	F INVESTORS, EXPENS	ES AND USE	OF PROCEED	S	
	b. Enter the difference between the aggregate offering p Question 1 and total expenses furnished in response to Part C "adjusted gross proceeds to the issuer."	- Question 4.a. This differ	rence is the		\$	1,940,000
5.	Indicate below the amount of the adjusted gross proceeds to to for each of the purposes shown. If the amount for any purpose check the box to the left of the estimate. The total of the pagross proceeds to the issuer set forth in response to Part C - Qu	e is not known, furnish an e syments listed must equal tl	stimate and			
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees		🗆 💲	0	_ 🗆 \$_	0
	Purchase of real estate		🗆 💲	0	_ 🗆 \$_	0
	Purchase, rental or leasing and installation of machinery ar	nd equipment	🗆 \$	0	_ 🗆 \$_	0
	Construction or leasing of plant buildings and facilities		🗆 \$_	0	_ 🗆 \$_	0
	Acquisition of other businesses (including the value of sec that may be used in exchange for the assets or securities of merger)	another issuer pursuant to a	a	0	□ \$	0
	Repayment of indebtedness				_ 🗆 ¾_ □ \$	
	Working capital					1,940,000
	Other (specify):		_		- □ * <u>-</u> □ \$	0
	5 (op-sw.)					
				0	□ \$	0
	Column Totals			0	s_	1,940,000
	Total Payments Listed (column totals added)			S_1,94	10,000	
	D . F	EDERAL SIGNATURE				
sig	ne issuer has duly caused this notice to be signed by the under gnature constitutes an undertaking by the issuer to furnish to formation furnished by the issuer to any non-accredited investor	rsigned duly authorized per the U.S. Securities and Ex-	rson. If this n change Comm	otice is filed und ission, upon wri		
lss	suer (Print or Type)	Signature		Date		
Ŋ	MAVERICK OIL AND GAS COMPANY, INC.	W. Sale		11)	15/05	
Na	ame of Signer (Print or Type)	Title of Igner (Print or T	ype)		-	
F	By:	V. Ray Harlow, C	Chief Execu	ıtive Officer	•	

	ATTENTION
	constitute federal criminal violations. (See 18 U.S.C. 1001.)
intentional misstatements of omissions of fact	constitute rederal criminal violations. (See 16 0.3.0. 1001.)

E. STATE SIGNATURE Yes No 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?..... See Appendix, Column, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Date MAVERICK OIL AND GAS COMPANY, INC. Name of Signer (Print or Type) Title of Signer (Print or Type) By: V. Ray Harlow, Chief Executive Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.