

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 163504

Entity Name: HOME GAS CORP.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

1060 S W 27 AVE  
MIAMI, FL 33135

## New Principal Place of Business:

## Current Mailing Address:

1060 S W 27 AVE  
MIAMI, FL 33135

## New Mailing Address:

FEI Number: 59-0648028

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOUZ, LOUIS  
7522 WILLES RD STE 102  
CORAL SPRINGS, FL 33067 US

## Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: GOUZ, HOWARD  
Address: 1060 SW 27TH AVE.  
City-St-Zip: MIAMI, FL

Title: V ( ) Delete  
Name: GOUZ, LOUIS  
Address: 1060 SW 27TH AVE.  
City-St-Zip: MIAMI, FL

Title: T ( ) Delete  
Name: GOUZ, CHARLOTTE  
Address: 1060 S.W. 27TH AVENUE  
City-St-Zip: MIAMI, FL

Title: S ( ) Delete  
Name: GOUZ, LAURA  
Address: 1060 S.W. 27TH AVE.  
City-St-Zip: MIAMI, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: HOWARD GOUZ

DP

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date