

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000128926 1. COMPANY NAME NEWYORKFLORIDAGAS,INC.					
2. Principal Place of Business C/O QUEST COMPANY 921 DOUGLAS AVE., STE. 200 ALTAMONTE SPRINGS, FL 32714				3. Mailing Address C/O QUEST COMPANY 921 DOUGLAS AVE., STE. 200 ALTAMONTE SPRINGS, FL 32714	
Suite, Apt #, etc.		Suite, Apt #, etc.		04012004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. ZIP CODE 59-3170147	
Zip	Country	Zip	Country	5. ADDITIONAL FEE REQUIRED ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAFRENIERE,STEPHENJ C/OQUESTCOMPANY 921DOUGLASAVE.,STE.200 ALTAMONTESPRINGS,FL32714				7. Name and Address of New Registered Agent	
				FL	
8. ANY OTHER INFORMATION THAT MAY BE REQUIRED BY THE SECRETARY OF STATE TO BE FILED WITH THIS REPORT					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. CHANGES TO PREVIOUS INFORMATION ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. REGISTERED AGENTS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAFRENIERE,STEPHENJ 921DOUGLASAVE.,STE200 ALTAMONTESPRINGS,FL32714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition U000000113122 04/14/04-80051-007 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MULHEARN,VICKI 542S.W.21STCROAD ARCHER,FL32618 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAFRENIERE,KEN 112VAKERICHPLACE SOUTHPLAINFIELD,NJ07080 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
12. I, <u>Stephen J. Lafreniere</u> , being duly sworn, depose and say that the foregoing is a true and correct copy of the 2004 Annual Report of the above-named corporation, and that the same was prepared by me or under my direction and supervision, and that the contents thereof are true and correct to the best of my knowledge and belief.					
SIGNATURE:  4/12/4 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					