2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90021 045 ***158.75

DOCUMENT # P03000053883
1. Entity Name
MERCURY BODY FUEL SUPPLIES, INC.

Principal Place of Business	Mailing Address
7204 GATESHEAD CIRCLE, #3 ORLANDO, FL 32822	7204 GATESHEAD CIRCLE, #3 ORLANDO, FL 32822

03272004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
260 PALM RIVER BLVD	260 PALM RIVER BLVD #A202
Suite, Apt. #, etc.: #A202	Suite, Apt. #, etc.:
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34110 Country: COLLIER	Zip: 34110 Country: COLLIER

4. FEI Number: 74-3089-225 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARTIN, MICHAEL M 7204 GATESHEAD CIRCLE, #3 ORLANDO, FL 32822	Name: MICHAEL MARTIN Street Address (P.O. Box Number is Not Acceptable): 260 PALM RIVER BLVD #A202 City: NAPLES FL Zip Code: 34110

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael Martin DATE: 4/2/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MARTIN, MICHAEL M 7204 GATESHEAD CIRCLE, #3 ORLANDO, FL 32822 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD MICHAEL MARTIN 260 PALM RIVER BLVD #A202 NAPLES, FL 34110 ☑ 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
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Martin MICHAEL MARTIN PRES/CEO 4/2/04 (239) 398-9493 (c) (239) 254-1720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #