2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000128324

Principal Place of Business

M VON GASO, INC.

2950 N SENECA PT CRYSTAL RIVER, FL 34429 Mailing Address
2950 N SENECA PT

CRYSTAL RIVER, FL 34429

FILED
Mar 03, 2008 08:00 A
Secretary of State



DO NOT WRITE IN THIS SPACE

02282008 No Chg-P CR2E034 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTENSSON, CHRISTINA 2950 N SENECA PT CRYSTAL RIVER, FL 34429

SIGNATURE:

DO NOT WRITE IN THIS SPACE

SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstaling) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	•
10.	OFFICERS AND DIREC	TORS	1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTENSSON, CHRISTINA 2950 N SENECA PT CRYSTAL RIVER, FL 34429				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARTENSSON, CECILIA A 2950 N SENECA PT CRYSTAL RIVER, FL 34429				U00000845376 03/13/08-80035-019 150.00
TITLE NAME STREET ADDRESS CITY ST-ZIP	VD MARTENSSON, CHARLOTTE U 2950 N SENECA PT CRYSTAL RIVER, FL 34429	-	î	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST MARTENSSON, JOHANNESE K 2950 N SENECA PT CRYSTAL RIVER, FL 34429			IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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.					

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