2005 FOR PROFIT CORPORATION

FILED Mar 23, 2005 08:00 AM e

ANNUAL REPORT					1,1111	-0, -00	CC++
1. Entity Name	MENT # P970000694 GAS & FOOD, INC.	69			Se	cretary	of State
2480 MINTO	rincipal Place of Business Mailing Address 480 MINTON ROAD 2480 MINTON ROAD EST MELBOURNE, FL 32904 WEST MELBOURNE, FL 3290		W mad 4p op				
DO NOT WRITE IN THIS SPA			CE	03182005 No Chg-P CR2E034 (4. FEI Number 59-3461719 5. Certificate of Status Desired \$8. Fee			
	6. Name and Address of Current Re	gistered Agent					
ARMOON, LOTFOLLAH 2480 MINTON ROAD W. MELBOURNE, FL 32904			DO NOT WRITE IN THIS SPACE				
	named entity submits this statement for ti ions of registered agent. —-		ed office or reg	stered agent, or bol	th, in the State of Flo		r with, and accept
Signature, typed or printed name of registered agent and title if applicable (NOTE Registere FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Signature, typed or printed name of registered agent and title if applicable (NOTE Registere) 9. Election Campaign Final Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees		DATE	
10,	OFFICERS AND D	RECTORS	1				
TITLE NAME STREET ADDRESS CITY-SY-ZIP	D ARMOON, LOTFOLLAH 3765 PEACCOCK DR W MELBOURNE, FL 32904				-		
NAME STREET ADDRESS CITY-ST-ZIP	D KESHVARI, FARAH 3765 PEACCOCK DR W MELBOURNE, FL 32904				00000 03/23/05	0273610 80036-00	03 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JADUNANDAN, RABINDRA N 3018 JUPITER BLVD. SE PALM BEACH, FL 32909				NOT W		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			_	IN .	THIS SF	PACE	
TITLE			1				

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 attaction with an address, with all other like empowered.

NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: _ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-21-05 321-951-1074