

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90082 031 ***158.75

DOCUMENT # P96000084067

1. Entity Name
STREICHER MOBILE FUELING, INC.



Principal Place of Business
**800 W. CYPRESS CREEK RD., STE. 580
FORT LAUDERDALE, FL 33309 US**

Mailing Address
**800 W. CYPRESS CREEK RD., STE. 580
FORT LAUDERDALE, FL 33309 US**

40053294



2. Principal Place of Business
200 W Cypress Creek Road
Suite, Apt. #, etc.
Suite 400
City & State
FT. LAUDERDALE, FL
Zip
33309-2175 Country
USA

3. Mailing Address
200 W. Cypress Creek Road
Suite, Apt. #, etc.
Suite 400
City & State
FT. LAUDERDALE, FL
Zip
33309-2175 Country
USA

03312006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0707824

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BEARD, WENDELL R	
STREET ADDRESS	16903 SW 79 PL	
CITY-ST-ZIP	MIAMI, FL 33159	
TITLE	V	<input type="checkbox"/> Delete
NAME	WILLIAMS, GARY G	
STREET ADDRESS	800 W. CYPRESS CREEK RD., STE. 580	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	KOSHOLLEK, TIMOTHY W	
STREET ADDRESS	800 W. CYPRESS CREEK RD., STE. 580	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GATHRIGHT, RICHARD E	
STREET ADDRESS	800 W. CYPRESS CREEK RD., STE. 580	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	V	<input type="checkbox"/> Delete
NAME	VINGER, PAUL C	
STREET ADDRESS	800 W. CYPRESS CREEK RD., STE. 580	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	
TITLE	VTS	<input type="checkbox"/> Delete
NAME	SHORE, MICHAEL S	
STREET ADDRESS	800 W. CYPRESS CREEK RD., STE. 580	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EUGENE WAYNE WETZEL	
STREET ADDRESS	9617 WALLISVILLE RD	
CITY-ST-ZIP	HOUSTON, TX 77013-4699	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 W. Cypress Creek Rd, Suite 400	
STREET ADDRESS	FORT LAUDERDALE, FL 33309-2175	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 W Cypress Creek Rd, Suite 400	
STREET ADDRESS	FORT LAUDERDALE, FL 33309-2175	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PDC	
STREET ADDRESS	200 W Cypress Creek Rd, Suite 400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309-2175	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 W Cypress Creek Rd, Suite 400	
STREET ADDRESS	FORT LAUDERDALE, FL 33309-2175	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VT	
STREET ADDRESS	200 W Cypress Creek Rd, Suite 400	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309-2175	

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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06 954 308 4200
Date Daytime Phone #

ATTACHMENT

2006 FOR PROFIT CORPORATION ANNUAL REPORT

40053294

DOCUMENT # P96000084067

1. Entity Name

STREICHER MOBILE FUELING, INC.

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ROBERT W. BEARD 200 W. Cypress Creek Rd, Suite 400 FT. LAUDERDALE, FL 33309-2175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LOUISE LUNBARO 200 W. Cypress Creek Rd, Suite 400 FT LAUDERDALE, FL 33309-2175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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he exemptions contained in Chapter 119, Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

DIRECTOR

Date

Daytime Phone #