

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000082439

**Entity Name:** COMPRESSED GAS SOLUTIONS, INC.

**Current Principal Place of Business:**

2450 SHADER RD.  
ORLANDO, FL 32804-2737

**Current Mailing Address:**

2450 SHADER RD.  
ORLANDO, FL 32804-2737

**FEI Number: 13-4206723**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MORRISON, WILLIAM M  
7100 SOUTH U.S. HIGHWAY 17-92  
FERN PARK, FL 32730 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name LEAMAN, ROBERT E  
Address 929 GROVER AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title VS  
Name FINE, ROBERT D  
Address 1212 CHELSEA PL  
City-State-Zip: ORLANDO FL 32803

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT FINE**

**V PRESIDENT**

**01/13/2014**

Electronic Signature of Signing Officer/Director Detail

Date