2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 332086

Name:

Address:

City-St-Zip:

FILED Jul 01, 2004 Secretary of State

Entity Nai	me: SAMS L.P	. GAS COMPANY					
Current P	rincipal Place	of Business:	New Principal Place of Business:				
PO BOX 5	RANGE AVE 93641), FL 32859364	11					
Current Mailing Address:			New Mailing Address:				
PO BOX 5	RANGE AVE 93641), FL 32859064	.1					
FEI Number: 59-1215549 FEI Number Applied For ()			FEI Number Not App	Number Not Applicable ()		Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	RANGE AVE	US					
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing	its registered	d office or	registered agent, or both,	
SIGNATU	RE:						
	Electron	c Signature of Registered Age	ent			Date	
		(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior noti	ce.			
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () SAMS, RANDAL 3118 ZAHARIAS ORLANDO, FL	DR	Title: Name: Address: City-St-Zip:	P SAMS, RANI 3118 ZAHAF ORLANDO,	DAL J RIAS DR	() Addition	
Title: Name: Address: City-St-Zip:	STD () SAMS, KAREN 3118 ZAHARIAS ORLANDO, FL		Title: Name: Address: City-St-Zip:	VP SAMS, KARI 3118 ZAHAF ORLANDO,	EN RIAS DR	() Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	S SAMS, JESS 3118 ZAHAF ORLANDO,	SICA J RIAS DR	(X) Addition	
Title:	()	Delete	Title:	Т	() Change	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SAMS, THELMA J

3118 ZAHARIAS DR

ORLANDO, FL 32837

SIGNATURE: KAREN J SAMS VP 07/01/2004