

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90078 037 ***158.75

DOCUMENT # 477812

1. Entity Name
GAS KWICK, INC.



Principal Place of Business
**1302 N. 19TH STREET., SUITE 300
TAMPA, FL 33605**

Mailing Address
**P.O. BOX 5238
TAMPA, FL 33675**

94068314



2. Principal Place of Business

3. Mailing Address

**1320 E. 9th Avenue
Tampa, FL 33605**

**1320 E. 9th Avenue
Tampa, FL 33605**

04152004 Chg-P CR2E034 (10/03)

4. FEI Number
59-1602722

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAPITANO, JOSEPH JR
1302 N. 19TH STREET., SUITE 300
TAMPA, FL 33605**

Name

Street Address

**1320 E. 9th Avenue
Tampa, FL 33605**

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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS ☐ Delete
NAME CAPITANO, JOSEPH JR
STREET ADDRESS **1302 N. 19TH STREET., SUITE 300**
CITY-ST-ZIP **TAMPA, FL 33605**

TITLE ☒ Change ☐ Addition
NAME **1320 E. 9th Avenue**
STREET ADDRESS **Tampa, FL 33605**
CITY-ST-ZIP

TITLE VT ☐ Delete
NAME CAPITANO, FRANK D
STREET ADDRESS **1302 N. 19TH STREET., SUITE 300**
CITY-ST-ZIP **TAMPA, FL 33605**

TITLE ☒ Change ☐ Addition
NAME **1320 E. 9th Avenue**
STREET ADDRESS **Tampa, FL 33605**
CITY-ST-ZIP

TITLE PD ☐ Delete
NAME CAPITANO, JOSEPH
STREET ADDRESS **1302 N. 19TH STREET., SUITE 300**
CITY-ST-ZIP **TAMPA, FL 33605**

TITLE ☒ Change ☐ Addition
NAME **1320 E. 9th Avenue**
STREET ADDRESS **Tampa, FL 33605**
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH CAPITANO, JR. 4/15/04 813.247.4731