



2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 843993 1. Entity Name FPL FUELS, INC.						FILED 04 MAR 31 PM 1:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business C/O J H MANAGEMENT CORP P.O. BOX 4024 BOSTON, MA 02101 US				Mailing Address % JH HOLDINGS CORP PO BOX 4024 BOSTON, MA 02101 US			
2. Principal Place of Business c/o J.H. Management Corp. Suite, Apt. #, etc. One International Pl, Ste. 4350		3. Mailing Address c/o J.H. Management Corp. Suite, Apt. #, etc. One International Pl, Ste. 4350		4. FEI Number 13-2992456		Applied For <input type="checkbox"/> Not Applicable	
City & State Boston, MA		City & State Boston, MA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02052004 Chg-P CR2E034 (10/03)	
Zip 02110		Country USA		Zip 02110		Country USA	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYES STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE PD <input type="checkbox"/> Delete NAME SMITH, NANCY D. STREET ADDRESS 26 ASHTON ST CITY-ST-ZIP BEVERLY, MA 01915				TITLE PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Nancy D. Smith STREET ADDRESS 162 Essex Street CITY-ST-ZIP Beverly, MA 01915			
TITLE ASD <input type="checkbox"/> Delete NAME COLBY, LOUISE E. STREET ADDRESS 11 CAZENOVE STREET CITY-ST-ZIP BOSTON, MA 02116				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE VPD <input type="checkbox"/> Delete NAME ST LOUISE, GERLADINE STREET ADDRESS 23 LOTHROP AVE CITY-ST-ZIP MILTON, MA 02186				TITLE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME Geraldine St. Louis STREET ADDRESS 23 Lothrop Avenue CITY-ST-ZIP Milton, MA 02186			
TITLE T <input type="checkbox"/> Delete NAME DONALDSON, R. DOUGLAS STREET ADDRESS 28 GRANT STREET CITY-ST-ZIP NEEDHAM, MA 02492				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE S <input type="checkbox"/> Delete NAME SPILIAKOS, DIMITRIS STREET ADDRESS ROPES & GRAY, ONE INTERNATIONAL PLACE CITY-ST-ZIP BOSTON, MA 021102624				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Dimitris Spiliakos</u> Dimitris Spiliakos, Secretary <u>3/30/04</u> <u>617 951 7193</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 0721000000032

REFERENCE : 532368 4304990

AUTHORIZATION :

COST LIMIT : \$ 150.00

ORDER DATE : March 30, 2004

ORDER TIME : 11:28 AM

ORDER NO. : 532368-005

CUSTOMER NO: 4304990

CUSTOMER: Mr. Dimitris P. Spiliakos
Ropes & Gray
One International Place

Boston, MA 02110-2624

ANNUAL REPORT FILING

NAME: FPL FUELS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - Ext. 2940

EXAMINER'S INITIALS: _____