

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90038 011 \*\*\*150.00

**DOCUMENT # F95000002316**

1. Entity Name  
**PHOENIX FUEL TEXAS CORPORATION**



Principal Place of Business

**304 COFFEEN AVE  
SHERIDAN, WY 82801 US**

Mailing Address

**304 COFFEEN AVE  
SHERIDAN, WY 82801 US**

**54013590**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

02132004 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**76-0447156**

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

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
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, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME PERKINS, THOMAS L  
STREET ADDRESS 304 COFFEEN AVE  
CITY-ST-ZIP SHERIDAN, WY 82801

TITLE VSD ☐ Delete  
NAME IGNACIO, CARRION  
STREET ADDRESS 304 COFFEEN AVE  
CITY-ST-ZIP SHERIDAN, WY 82801

TITLE C ☒ Delete  
NAME ROMEO, ANTHONY  
STREET ADDRESS 304 COFFEEN AVE  
CITY-ST-ZIP SHERIDAN, WY 82801

TITLE D ☒ Delete  
NAME LITTLE, CHARLES  
STREET ADDRESS 304 COFFEEN AVE  
CITY-ST-ZIP SHERIDAN, WY 82801

TITLE DV ☒ Delete  
NAME AZCUI, JARED  
STREET ADDRESS 304 COFFEEN AVE  
CITY-ST-ZIP SHERIDAN, WY 82801

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

**Thomas L. Perkins**

**2/13/04**

Date

**307-673-7000**

Daytime Phone #