

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90059 006 \*\*\*150.00

**DOCUMENT # F95000003155**

1. Entity Name  
**UNIVERSAL FUELS, INC.**

Principal Place of Business: **8787 TALLYHO HOUSTON, TX 77061**  
 Mailing Address: **8787 TALLYHO HOUSTON, TX 77061**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



01062004 Chg-P CR2E034 (10/03)

4. FEI Number: **76-0446178**  
 Applied For:  Not Applicable

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

6. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**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 \_\_\_\_\_ (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	PD	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	CARRION, WILLIAM C		NAME	DAVID L			
STREET ADDRESS	8787 TALLYHO		STREET ADDRESS	8787 TALLYHO			
CITY-ST-ZIP	HOUSTON, TX 77061		CITY-ST-ZIP	HOUSTON, TX 77061			
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KELLEY, DOUGLAS D		NAME				
STREET ADDRESS	8787 TALLYHO		STREET ADDRESS				
CITY-ST-ZIP	HOUSTON, TX 77061		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RACHELLE, JOSEPH L		NAME				
STREET ADDRESS	8787 TALLYHO		STREET ADDRESS				
CITY-ST-ZIP	HOUSTON, TX 77061		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ADLE, JOHN		NAME				
STREET ADDRESS	8787 TALLYHO		STREET ADDRESS				
CITY-ST-ZIP	HOUSTON, TX 77061		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: DAVID L KELLEY, SECRETREAS 713-944-1440  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 1-7-2004 \*2366  
DATE DAYTIME PHONE #