

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90039 036 ***150.00

DOCUMENT # F98000006352

1. Entity Name
K & P FUEL, INC.



Principal Place of Business
**109 NORTHAMPTON BLVD
STE 500
COVINGTON, LA 70433 US**

Mailing Address
**109 NORTHAMPTON BLVD
STE 500
COVINGTON, LA 70433 US**



01262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
72-1018652

Applied For
Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

T
NAME **PISCIOTTA, STEVE** ☐ Delete
STREET ADDRESS **109 N PARK BLVD, STE 500**
CITY-ST-ZIP **COVINGTON, LA 70433**

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

D
NAME **REEDY, ANNWOOD** ☒ Delete
STREET ADDRESS **109 NORTH PARK BLVD STE 500**
CITY-ST-ZIP **COVINGTON, LA 70433**

SECRETARY
NAME **ERIC DEY** ☐ Change ☒ Addition
STREET ADDRESS **109 Northpark Blvd., STE. 500**
CITY-ST-ZIP **Covington, LA 70433**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

PRESIDENT
NAME **RON CLARKE** ☐ Change ☒ Addition
STREET ADDRESS **109 Northpark Blvd., STE. 500**
CITY-ST-ZIP **Covington, LA 70433**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

ASST. SECRETARY
NAME **ANNWOOD REEDY** ☐ Change ☒ Addition
STREET ADDRESS **109 Northpark Blvd., STE. 500**
CITY-ST-ZIP **Covington, LA 70433**

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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)(l), 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

Steven Pisciotto

1/29/04

Date

(504) 925-7171

Daytime Phone #