

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001796

FILED  
Jan 17, 2004  
Secretary of State

**Entity Name:** GASOLINE ASSOCIATED SERVICES, INC.

**Current Principal Place of Business:**

1603 GODFREY AVE., SOUTH  
FT. PAYNE, AL 35967

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 680807  
FORT PAYNE, AL 35968 US

**New Mailing Address:**

**FEI Number:** 63-1175435      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: WILLIAMSON, JOHN ROBERT  
Address: 511 KINGS MOUNTAIN TRAIL  
City-St-Zip: VESTAVIA HILLS, AL 35242

Title: P ( ) Delete  
Name: STRINGER, SHANNON  
Address: 1604 MONTE VISTA DRIVE  
City-St-Zip: FT. PAYNE, AL 35967

Title: ST ( ) Delete  
Name: PORTER, JON  
Address: 6005 GOLF ROAD  
City-St-Zip: FT. PAYNE, AL 35967

Title: AS ( ) Delete  
Name: SMITH, KIM  
Address: 1212 SCENIC DRIVE  
City-St-Zip: FT. PAYNE, AL 35967

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KIM SMITH

MRS

01/17/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date