. 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G94943

APOPKA BOTTLE & R.V. GAS CENTER, INC.



Principal Place of Business

% THOMAS FINDLEY 1422 EAST SEMORAN BLVD. APOPKA, FL 32703

Mailing Address

% THOMAS FINDLEY 1422 EAST SEMORAN BLVD. APOPKA, FL 32703

FILED May 02, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number			Applied For
<u>59-2402533</u>			Not Applicable
5. Certificate of Status Desired	П	\$8.75	Additional

5. Certificate of Status Desired

Fee Required

5,	Name and Address of Current Registered Agent
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FINDLEY, ROBERT 30510 CR 437 SORRENTO, FL 32776

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	ourpose of changing its registered	office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE	Signature, typed or printed name of registered agent and bile	flapplicable (NOTE Registered A	gent signature	required when reinstating)	DATE		
FiLE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		Election Campaign Financi Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FINDLEY, RUBY 1304 PINE ST. APOPKA, FL						
TITLE NAME STREET ADDRESS CITY-SY-ZIP	P FINDLEY, ROBERT 30510 C.R. 437 SORRENTO, FL 32776				U00000354053 05/03/05-80092-004 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		DO	NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		٠			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				• •			
12. I hereby certify that the information supplied with this filling 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 attact/inent/with an address, with all other like empowered.							

NAME OF SIGNING OFFICER OR DIRECTOR