2007 FOR PROFIT CORPORATION

FILED Ian 22 2007 8:00 am

ANNUAL REPORT				Secretary of State				
DOCUI	MENT # G94943				-			
1. Entity Name APOPKA BOTTLE & R.V. GAS CENTER, INC.					01-22-2007 9	90112 035	9 ****138	. / 3
C/O ROBERT FINDLEY 30510 CR 437 SORRENTO, FL 32776		Mailing Address C/O ROBERT FINDLEY 30510 CR 437 SORRENTO, FL 32776						
7. Principal P.	Bottlet K. U. (XS Centestra.	3. Mailing Address App Acabottus Suite, Apt. #, etc.	RUCaslen	HNC.		0.0.0 2.0.0 2.2.0		
1422 E. Semovan Blud. 1422 E. Semua			wan Blud.	01182007	Chg-P	CR2E034		
ACity & State	SKa Florida	Rity & State ADDOKG FIG	rida	4. FEI Number 59-24025	33			plied For Applicable
3270	country.	<u> 32703 </u>	Country S,	5. Certificate of S		/A F	8.75 Add ee Required	
	6. Name and Address of Current Re	Name	7. Name and Add	iress of New Re	egistered Aç	jent		
FINDLEY, ROBERT 30510 CR 437 SORRENTO, FL 32776			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
SURRENT	U, FL 32776							
			City		**************************************	FL	Zip Code	;
	named entity submits this statement for the	ne purpose of changing its req	gistered office or registe	ered agent, or both, in	the State of Flo	rida. I am fa	miliar with,	and accept
SIGNATURE	hobet In	ell			/-/	19-20	209	
SIGNATURE	Signature, typed or printed name of registured agent and	iitle if applicable. (NOTE: Re	grstered Agent signature require	id when teinstating)		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		5.00 May Be ded to Fees				
10.	OFFICERS AND DIF	RECTORS	11.	ADDITIONS/CHA	ANGES TO OFFI	CERS AND (DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			(☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FINDLEY, ROBERT 30510 C.R. 437 SORRENTO, FL 32776	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	551112111111111111111111111111111111111	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-886-3030