

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H72878**

1. Entity Name  
**QUILLEN'S BOTTLE GAS COMPANY, INC.**



Principal Place of Business  
**430 NORTHWEST 27TH AVENUE  
FORT LAUDERDALE, FL 33311**

Mailing Address  
**430 NORTHWEST 27TH AVENUE  
FORT LAUDERDALE, FL 33311**

**DO NOT WRITE IN THIS SPACE**



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-2591295**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**FLORIO, LILLIAN  
430 NORTHWEST 27TH AVENUE  
FT LAUDERDALE, FL 33311**

**DO NOT WRITE  
IN THIS SPACE**

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 Lillian Florio LILLIAN FLORIO - PRESIDENT

2/4/06  
DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS:**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
FLORIO, LILLIAN  
430 NW 27TH AVE  
FORT LAUDERDALE, FL 33311**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Lillian Florio

Lillian Florio

2/4/06

954-583-3600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #