

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90323 027 \*\*\*158.75

**DOCUMENT # J79718**

1. Entity Name

17TH STREET GAS & SERVICE, INC.



Principal Place of Business

816 S.E. 17TH ST.  
FT. LAUD FL 33316

Mailing Address

816 S.E. 17TH ST.  
FT. LAUD FL 33316

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

65-0002477

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOFORIS, STAVROS  
816 S E 17TH ST  
FT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name GEORGE MOFORIS  
Street Address (P.O. Box Number is Not Acceptable)  
817 SOUTH FEDERAL HWY.  
City FT. LAUDERDALE FL Zip Code 33316

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]  
Signature, typed or printed name of registered agent and title if applicable

George Moforis Pres. 4/13/05  
(NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MOFORIS, STAVROS	
STREET ADDRESS	816 S E 17TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33316	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MOFORIS, PAOLA	
STREET ADDRESS	4001 N. 44TH AVENUE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GEORGE MOFORIS	
STREET ADDRESS	817 SOUTH FEDERAL HWY.	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 attachment with an address, with all other like empowered.

SIGNATURE [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George Moforis 4/13/05

Date

Daytime Phone # 954-403-2220