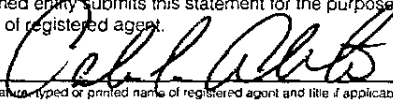
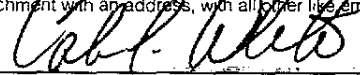


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # M87038 1. Entity Name DOC'S GAS, INC.					
Principal Place of Business 1324 S. MAIN ST. BELLE GLADE FL 33430 US			Mailing Address 1324 S. MAIN ST. BELLE GLADE FL 33430 US		
2. Principal Place of Business Suite, Apt #, etc.		3. Mailing Address Suite, Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0068456 ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALSTON, CALVIN D. 1324 S. MAIN ST. BELLE GLADE FL 33430			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 typed or printed name of registered agent and title if applicable Calvin D. Alston V.P.D (NOTE: Registered Agent signature required when reinstating) 2-24-04 DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HILL, H. E. 1324 S MAIN STREET BELLE GLADE FL	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD CALVIN D ALSON 1324 S MAIN ST BELLE GLADE FL 33430	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MILLER, MONA L 1324 S MAIN ST BELLE GLADE FL 33430	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	 	☐ Delete			
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:  Calvin D. Alston 2-24-04 561-996-4524 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					