



**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M87038</b> 1. Entity Name DOC'S GAS, INC.	
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Principal Place of Business 1324 S. MAIN ST. BELLE GLADE, FL 33430 US	Mailing Address 1324 S. MAIN ST. BELLE GLADE, FL 33430 US
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**DO NOT WRITE IN THIS SPACE**

	
01172007 No Chg-P CR2E034 (11/05)	
4. FEI Number 65-0068456	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  HILL, H E 1324 S. MAIN ST. BELLE GLADE, FL 33430
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HILL, H E 1324 S MAIN STREET BELLE GLADE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALSTON, BARBARA H 1324 S MAIN ST BELLE GLADE, FL 33430
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01/24/07-80012-018 150.00

**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:** H. E. Hill PD 2/18/07 561 996 4524  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #