

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 03, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90001 019 \*\*\*163.75

**DOCUMENT # P00000005706**

1. Entity Name

PETRONIC, INC.



Principal Place of Business

4271 HUNTING TRAIL  
LAKE WORTH FL 33467  
US

Mailing Address

4271 HUNTING TRAIL  
LAKE WORTH FL 33467  
US

**54014182**



MOORE

CR2E034 (11/03)

2. Principal Place of Business

12433 EQUINE LANE

Suite, Apt. #, etc.

3. Mailing Address

12433 EQUINE LANE

Suite, Apt. #, etc.

City & State

WELLINGTON FL

City & State

WELLINGTON FL

Zip

33414

Country

US

Zip

33414

Country

US

4. FEI Number

65-0982956

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

KURT O. BLOCK

Street Address (P.O. Box Number is Not Acceptable)

12433 EQUINE LANE

City

WELLINGTON

FL

Zip Code

33414

BLOCK, KURT O  
4271 HUNTING TRAIL  
LAKE WORTH FL 33467

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.

(NOTE: Registered Agent signature required when reinstating)

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 DPST ☐ Delete  
NAME BLOCK, KURT  
STREET ADDRESS 4271 HUNTING TRAIL 12433 EQUINE LANE  
CITY-ST-ZIP LAKE WORTH FL 33467 WELLINGTON, FL 33414

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

*ATOMIC*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-26-04 561-333 4624

Date

Daytime Phone #