

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000035587

1. Entity Name  
 PRESTIGE GAS, INC.



Principal Place of Business  
 3200 S CONWAY ROAD  
 ORLANDO, FL 32812

Mailing Address  
 3200 S CONWAY ROAD  
 ORLANDO, FL 32812



01192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 59-3637273

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

VADHER, KAMLESH  
 5973 BENT PINE DR #2022  
 ORLANDO, FL 32822

**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 \_\_\_\_\_

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**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

U000000116025  
 04/16/04-80047-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PD  
 NAME VADHER, KAMLESH  
 STREET ADDRESS 5973 BENT PINE DRIVE # 2022  
 CITY - ST - ZIP ORLANDO, FL 32822

TITLE ST  
 NAME DHESI, HOBBY  
 STREET ADDRESS 5973 BENT PINE DRIVE # 2022  
 CITY - ST - ZIP ORLANDO, FL 32812

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

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 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-15-04 Date

407-275-3631 Daytime Phone #