

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 12, 2004 8:00 am
Secretary of State

05-12-2004 90203 012 ***550.00

DOCUMENT # P00000046248

1. Entity Name
OCALA 200 GAS, INC.



Principal Place of Business

1301 BEVILLE ROAD
UNIT 7
DAYTONA, FL 32119

Mailing Address

1301 BEVILLE ROAD
UNIT 7
DAYTONA, FL 32119

24074683



05032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3645100

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMENDOLAGINE, MARILYN
1301 BEVILLE RD.
UNIT 7
DAYTONA, FL 32119

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NEFFERDORF, JAMES
STREET ADDRESS 1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE VD
NAME AMENDOLAGINE, KERI
STREET ADDRESS 1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE SD
NAME AMENDOLAGINE, MARILYN
STREET ADDRESS 1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE TD
NAME AMENDOLAGINE, MICHAEL
STREET ADDRESS 1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP DAYTONA BEACH, FL 32119

TITLE
NAME
STREET ADDRESS
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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Marilyn Amendolagine

5/3/04

386-322-0673