
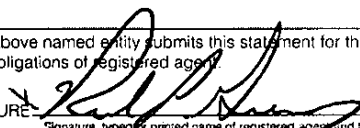
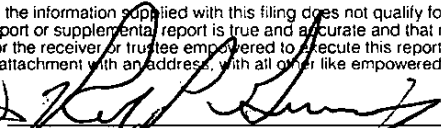


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90153 001 *2,375.00

DOCUMENT # P00000071003 1. Entity Name C.H. GAS INC.			
Principal Place of Business 14955 GULF BLVD. SUITE 5 MADEIRA BEACH, FL 33708		Mailing Address 14955 GULF BLVD. SUITE 5 MADEIRA BEACH, FL 33708	
2. Principal Place of Business 14955 Gulf Boulevard Suite, Apt. #, etc. Suite 2 City & State Maedira Beach, FL Zip 33708		3. Mailing Address 14955 Gulf Boulevard Suite, Apt. #, etc. Suite 2 City & State Maedira Beach, FL Zip 33708	
4. FEI Number 59-3672554		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		08242005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent GUNNING, RANDAL P 14955 GULF BOULEVARD SUITE 5 MADEIRA BEACH, FL 33708		7. Name and Address of New Registered Agent Name Randal P. Gunning Street Address (P.O. Box Number is Not Acceptable) 14955 Gulf Boulevard Suite 2 City Maedira Beach FL Zip Code 33708	
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 		, Registered Agent 8/23/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing <input type="checkbox"/> \$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 GUNNING, RANDAL P 14955 GULF BOULEVARD, SUITE 5 MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD GUNNING, DARLENE 14955 GULF BOULEVARD, SUITE 5 MADEIRA BEACH, FL 33708	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Gunning, Darlene 14955 Gulf Boulevard, Suite 2 Madeira Beach, FL 33708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Gunning, Darlene 14955 Gulf Boulevard, Suite 2 Madeira Beach, FL 33708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Gunning, Darlene 14955 Gulf Boulevard, Suite 2 Madeira Beach, FL 33708	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 		, President 8/23/05 727-391-5512	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	