

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90013 046 ***150.00

DOCUMENT # P00000093503						
1. Entity Name BEVILLE GAS, INC.						
Principal Place of Business 1301 BEVILLE ROAD SUITE #7 DAYTONA, FL 32119			Mailing Address 1301 BEVILLE ROAD SUITE #7 DAYTONA, FL 32119			
2. Principal Place of Business - No P.O. Box # 1898 S Clyde Morris Blvd		3. Mailing Address 1898 S Clyde Morris Blvd				
Suite, Apt. #, etc. Suite 500		Suite, Apt. #, etc. Suite 500				
City & State Daytona Beach, FL		City & State Daytona Beach, FL				
Zip 32119		Country Volusia		04112008 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
AMENDOLAGIN, MARILYN 1301 BEVILLE ROAD SUITE #7 DAYTONA, FL 32119				Name		
				Street Address (P.O. Box Number is Not Acceptable)		
				1898 S Clyde Morris Blvd Suite 500		
				City <u>Daytona Beach</u> FL Zip Code <u>32119</u>		
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 <u>Marilyn Amendolagine</u> <u>Marilyn Amendolagine</u> <u>4-20-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated.)</small> DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD AMENDOLAGINE, MICHAEL 1301 BEVILLE ROAD, SUITE #7 DAYTONA, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Amendolagine, Michael 1898 S Clyde Morris Blvd Suite 500 Daytona Beach, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD AMENDOLAGINE, MARILYN 1301 BEVILLE ROAD, SUITE #7 DAYTONA, FL 32119	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Amendolagine, Marilyn 1898 S Clyde Morris Blvd Suite 500 Daytona Beach, FL 32119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Marilyn Amendolagine</u> <u>Marilyn Amendolagine</u> <u>4-20-08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <u>386-322-6673</u> <small>Daytime Phone #</small>						