


2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 OCT 28 PM 4:44

DOCUMENT # P00000114291			
1. Entity Name LB GAS, INC.			
Principal Place of Business 27583 OLD 41 BONITA SPRINGS, FL 34135		Mailing Address 27583 OLD 41 BONITA SPRINGS, FL 34135	
2. Principal Place of Business 10311 Bonita Beach Rd. Suite, Apt. #, etc.		3. Mailing Address 10311 Bonita Beach Rd. Suite, Apt. #, etc.	
City & State Bonita Springs, FL		City & State Bonita Springs, FL	
Zip 34135	Country USA	Zip 34135	Country USA
4. FEI Number 59-3689725		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BILLS, LARRY K 12104 SUNSET STRIP BONITA SPRINGS, FL 33923		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 24066 Roger Dodger City Bonita Springs FL Zip Code 34135	
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>Larry K. Bills</u> DATE: <u>10-25-04</u> (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BILLS, LARRY K 27683 OLD 41 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24066 Roger Dodger Bonita Springs, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BILLS, PENNY A 27583 OLD 41 BONITA SPRINGS, FL 34135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 24066 Roger Dodger Bonita Springs, FL 34135
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 900042280209 10/28/04--01028--015 **150.00
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 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: <u>Larry K. Bills</u> SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>10-25-04</u> (239) 992-7942 Date Daytime Phone #	

11/2 aw