


**Jan 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000010196</b> 1. Entity Name <b>DEBARY GAS, INC.</b>				<b>Jan 24, 2005 08:00 AM</b> <b>Secretary of State</b>	
Principal Place of Business <b>1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119</b>		Mailing Address <b>1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119</b>			
<b>DO NOT WRITE IN THIS SPACE</b>					
				01132005 No Chg-P CR2E034 (10/03)	
<b>DO NOT WRITE IN THIS SPACE</b>				4. FEI Number <b>59-3694752</b>	
				Applied For Not Applicable	
<b>DO NOT WRITE IN THIS SPACE</b>				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>AMENDOLAGINE, MARILYN 1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119</b>					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		VSTD AMENDOLAGINE, MARILYN 1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PD AMENDOLAGINE, MICHAEL 1301 BEVILLE ROAD UNIT 7 DAYTONA BEACH, FL 32119			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 <i>Marilyn Amendolagine</i>		1/13/05 386-322-0673			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			