


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 8:00 am
Secretary of State

07-22-2004 90002 042 ***155.00

DOCUMENT # P01000051278
 1. Entity Name
MRM/AMERICAN GAS SERVICES, INC.



Principal Place of Business Mailing Address
1270 GULF BOULEVARD #1406 **1270 GULF BOULEVARD #1406**
CLEARWATER, FL 33767 **CLEARWATER, FL 33767**

04064253

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

07192004 Chg-P CR2E034 (10/03)

4. FEI Number
59-3729593 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MUELLER, HAROLD J
1270 GULF BOULEVARD #1406
CLEARWATER, FL 33767

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT <input type="checkbox"/> Delete MUELLER, HAROLD 1270 GULF BOULEVARD #1406 CLEARWATER, FL 33767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD KLUMB, DENNIS 19705 LINCOLN AVE NEW BERLIN, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DS WONG, DENNIS 3971 S. CIRCLE LARGO, FL 33774
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VPD MUCLLER, ROBERT 11181 SE 15th AVE CLEARWATER, FL 33756 <i>315 Belleview Blvd BELLEAIR, FL 33756</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CHAUNLI, ZHOU 50 LONG TAN ROAD TAIRN, SHANGDONG, CHIVA, 271000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D NELSON, DELAINE 1270 GULF BLVD 1503 CLEARWATER, FL 33767

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Harold Mueller VP* Date: 7/15/04 Daytime Phone #: 727 403 3181