

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
**1270 GULF BOULEVARD #1406
CLEARWATER, FL 33767**

Mailing Address
**1270 GULF BOULEVARD #1406
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

7. Name and Address of New Registered Agent

**MUELLER, HAROLD J
1270 GULF BOULEVARD #1406
CLEARWATER, FL 33767**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DT** ☐ Delete
NAME **MUELLER, HAROLD**
STREET ADDRESS **1270 GULF BOULEVARD #1406**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☐ Delete
NAME **KLUMB, DENNIS**
STREET ADDRESS **19705 LINCOLN AVE**
CITY-ST-ZIP **NEW BERLIN, WI**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **WONG, DENNIS**
STREET ADDRESS **3971 S. CIRCLE**
CITY-ST-ZIP **LARGO, FL 33774**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **MUCLLER, ROBERT**
STREET ADDRESS **11181 SEUS RD 315 Belleview Blvd**
CITY-ST-ZIP **CLEARWATER, FL 33756 BELLEAIR, FL 33756**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHAUNLI, ZHOU**
STREET ADDRESS **50 LONG TAN ROAD**
CITY-ST-ZIP **TAIRN, SHANGDONG, CHIVA, 271000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **NELSON, DELAINE**
STREET ADDRESS **1270 GULF BLVD 1503**
CITY-ST-ZIP **CLEARWATER, FL 33767**

TITLE ☐ Change ☐ Addition
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/04
Date

727 403 3181
Daytime Phone #