

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070067

Entity Name: B.S. FOOD & GAS, INC.

FILED  
Feb 27, 2006  
Secretary of State

**Current Principal Place of Business:**

5390 DUHME ROAD  
SAINT PETERSBURG, FL 33708 US

**New Principal Place of Business:**

**Current Mailing Address:**

4707 WHITECLIFF PL  
DOVER, FL 33527

**New Mailing Address:**

FEI Number: 59-3731795      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PUTHYSSERIL, BABY  
4707 WHITECLIFF PL  
DOVER, FL 33527 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PUTHYSSERIL, BABY J  
Address: 4707 WHITECLIFF PL  
City-St-Zip: DOVER, FL 33527

Title: VD ( ) Delete  
Name: KAFALIMATTOM, SIBI  
Address: 608 GLENDALE RD  
City-St-Zip: GLENVEIW, IL 60025

Title: TD ( ) Delete  
Name: JAMES, BINNY  
Address: 2238 GOLF MANOR BLVD  
City-St-Zip: VALRICO, FL 33594

Title: SD ( ) Delete  
Name: MATHEW, MAGIE  
Address: 7832 AMBER CT  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGIE MATHEW

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02/27/2006

Electronic Signature of Signing Officer or Director

Date