2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 18, 2004 8:00 am DOCUMENT # P01000114414 Secretary of State 03-18-2004 90009 037 ***150.00 AMERICAN DIESEL & GAS SALES, INC. Principal Place of Business Mailing Address 1255 MASON AVENUE 811 HIGH POINT DR DAYTONA BEACH FL 32117 PORT ORANGE FL 32127 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-3759983 Not Applicable Zip Country Country \$8.75 Additional .5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHUCCHMAN, RICHARD K CPA: Street Address (P.O. Box Number is Not Acceptable) 1255 MASON AVENUE DAYTONA BEACH FL 32127 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 whon reinstating) 9. Election Campaign Financing 2. \$5:00 May B FILE NOW!!! FEE IS \$150.00 \$5:00 May Be After May 1, 2004; Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE . Delete TITLE Change ☐ Addition NAME . : WIGGINS, STANLEY E NAME STREET ADDRESS 1255 MASON AVENUE STREET ADDRESS CITY 3 B.ZiP. DAYTONA BEACH FL 32117 CITY-ST-ZIP **VSTD** ☐ Delete TITLE ☐ Addition NAME BASS, MICHAEL L NAME STREET ADDRESS 1255 MASON AVENUE STREET ADDRESS City-St-ZiP DAYTONA BEACH FL 32117 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change . Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR'

SIGNATURE:

FILED

Daytime Phone #