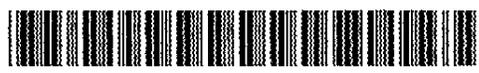


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000004759 1. Entity Name PAT'S LP GAS, INC.	
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Principal Place of Business 11010-14 SE 62ND AVE. BELLEVIEW, FL 34420	Mailing Address 7800 SE HWY 25 BELLEVIEW, FL 34420
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01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 94-3418330	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COX, JAMES
7800 SE HWY 25
BELLEVIEW, FL 34420

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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	COX, JAMES
STREET ADDRESS	7800 SE HWY 25
CITY - ST - ZIP	BELLEVIEW, FL 34420
TITLE	SD
NAME	COX, PATRICIA
STREET ADDRESS	7800 SE HWY 25
CITY - ST - ZIP	BELLEVIEW, FL 34420
TITLE	VD
NAME	FLETCHER, GEORGE BRIAN
STREET ADDRESS	7800 SE HWY 25
CITY - ST - ZIP	BELLEVIEW, FL 34420
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000001411
01/12/04-80006-021 150.00

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: Patricia Cox Patricia Cox 1/07/04 (352)307-8424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #