




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000127748		
1. Entity Name FUEL SHIPS CORPORATION		
Principal Place of Business 1660 NW 19TH AVE FORT LAUDERDALE, FL 33069		Mailing Address 1660 NW 19TH AVE FORT LAUDERDALE, FL 33069
DO NOT WRITE IN THIS SPACE		
		
04172004 No Chg-P CR2E034 (10/03)		
4. FEI Number 55-0813004		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 PETERSON, TED 2150 SW 23RD AVE FORT LAUDERDALE, FL 33312		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> 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
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	PETERSON, TED	
STREET ADDRESS	2150 SW 23RD AVE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE	D	
NAME	ROBERTS, CARLILE R	
STREET ADDRESS	1918 N. 11TH STREET	
CITY-ST-ZIP	MUSKOGEE, OK 74401	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DO NOT WRITE IN THIS SPACE		
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 to this report, with all other like empowered.		
SIGNATURE:  THEODORE PETERSON 4/23/04 954-764-3835 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		