

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90389 025 \*\*\*150.00

**DOCUMENT # P02000128926**

1. Entity Name  
**NEW YORK FLORIDA GAS, INC.**



4000177



01032006 Chg-P CR2E034 (11/05)

Principal Place of Business <b>C/O QUEST COMPANY 921 DOUGLAS AVE., STE. 200 ALTAMONTE SPRINGS, FL 32714</b>		Mailing Address <b>C/O QUEST COMPANY 921 DOUGLAS AVE., STE. 200 ALTAMONTE SPRINGS, FL 32714</b>	
2. Principal Place of Business <b>1180 Spring Centre S. Blvd Suite, Apt. #, etc. Suite 102</b>		3. Mailing Address <b>1180 Spring Centre S. Suite, Apt. #, etc. Suite 102</b>	
City & State <b>Altamonte Springs, FL</b>		City & State <b>Altamonte Springs FL</b>	
Zip <b>32714</b>	Country <b>U.S.A.</b>	Zip <b>32714</b>	Country <b>U.S.A.</b>

4. FEI Number <b>59-3170147</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>LAFRENIERE, STEPHEN J C/O QUEST COMPANY 921 DOUGLAS AVE., STE. 200 ALTAMONTE SPRINGS, FL 32714</b> <i>1180 Spring Centre South Blvd. Suite 102</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 the registered agent.

SIGNATURE *[Signature]* **Stephen J. LaFreniere** **4/19/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete <b>LAFRENIERE, STEPHEN J 921 DOUGLAS AVE., STE. 200 ALTAMONTE SPRINGS, FL 32714</b> <i>1180 Spring Centre S. Blvd. Suite 102</i>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>VP</b>	<input type="checkbox"/> Delete <b>MULHEARN, VICKI 542 S.W. 21ST C ROAD ARCHER, FL 32618</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <b>T</b>	<input type="checkbox"/> Delete <b>LAFRENIERE, KEN 112 VAKERICH PLACE SOUTH PLAINFIELD, NJ 07080</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained 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 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]* **Stephen J. LaFreniere** **4/19/06** **(207) 786-4001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #