

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90306 050 \*\*\*150.00

**DOCUMENT # P03000035692**

1. Entity Name  
**DOLPHIN GAS & CONVENIENCE INC.**



Principal Place of Business  
**322 EAST MAIN STREET  
APOPKA, FL 32703**

Mailing Address  
**10720 S.W. 10 COURT  
DAVIE, FL 33324**

**66428799**



2. Principal Place of Business

3. Mailing Address

**322 EAST MAIN STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04112004

Chg-P

CR2E034 (10/03)

City & State

City & State

**APOPKA, FL.**

4. FEI Number

**56-2335983**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32703**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOHAMMAD, MIRZA  
10720 S.W. 10 COURT  
DAVIE, FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

**322 EAST MAIN STREET**

City

**APOPKA**

**FL**

Zip Code

**32703**

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]*

**06-17-04**

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT MIRZA S. MOHAMMAD 322 EAST MAIN STREET APOPKA, FL 32703</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:

*[Signature]*

**06-17-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #