2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State
03-21-2005 90110 001 ***150.00

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01252005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000097103

1. Entity Name
ZACHARY'S GAS SERVICES, INC.

Principal Place of Business	Mailing Address
~~7395 OLD RIVER ROAD~~ 5299 GALLIVER Cut-off BAKER, FL 32531	~~7395 OLD RIVER ROAD~~ 5299 GALLIVER Cut-off BAKER, FL 32531

2. Principal Place of Business	3. Mailing Address
5299 GALLIVER Cut-off Suite, Apt. #, etc.	5299 GALLIVER Cut-off Suite, Apt. #, etc.
City & State: BAKER, FL Zip: 32531 Country: OKALOOSA	City & State: Baker, FL Zip: 32531 Country: OKALOOSA

4. FEI Number 80-0076241 ☐ Applied For ☐ Not Applicable

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
ADKINSON, ANITA M ~~7395 OLD RIVER ROAD~~ 5299 GALLIVER Cut-off BAKER, FL 32531	Name: Anita M. ADKINSON Street Address (P.O. Box Number is Not Acceptable): 5299 GALLIVER Cut-off City: BAKER FL Zip Code: 32531

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: Anita M. ADKINSON
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, 2005 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	P ADKINSON, ZACHARY S 7395 OLD RIVER ROAD BAKER, FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ADKINSON, ZACHARY S. 5299 GALLIVER Cut-off Baker, FL 32531	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ADKINSON, ANITA M 7395 OLD RIVER ROAD BAKER, FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Anita M. ADKINSON 5299 GALLIVER Cut-off BAKER, FL 32531	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S TALBOT, JOSEPH H 1521 GREENWOOD ROAD BAKER, FL 32531	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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. ANITA M. ADKINSON

SIGNATURE: Anita M. ADKINSON Vice-Pres. 3/14/05 850-537-8820
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #