

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90090 007 ***150.00

DOCUMENT # P03000136020

1. Entity Name

ANKNEY GAS SERVICES, INC.



Principal Place of Business

**2068 N. MAGNOLIA AVENUE
SUITE 2
OCALA FL 34475
US**

Mailing Address

**2068 N. MAGNOLIA AVENUE
SUITE 2
OCALA FL 34475
US**



2. Principal Place of Business

1515 NE 95th Street

Suite, Apt. #, etc.

3. Mailing Address

1515 NE 95th Street

Suite, Apt. #, etc.

City & State

Anthony FL

Zip

32617

Country

Marion

City & State

Anthony FL

Zip

32617

Country

Marion

4. FEI Number

20-0406800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

**BARNES & JAMES, P.A.
2629 BLAIR STONE ROAD
TALLAHASSEE FL 32301**

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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

**PRES
ANKNEY, STEVE
2068 N. MAGNOLIA SUITE 2
OCALA FL 34475**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Steve Ankney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/06

352-671-8250