## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 07, 2007 8:00 am Secretary of State 04-16-2007 90088 030 \*\*\*150.00

Mailing Acciness  A22 6 STH AVECUE CRICE EAST SARASOTA, FL 34243  2. Principal Place of Business - No P.O. Bot 9  Suits, Apr. #, etc.  Apr. #, etc.  Suits, Apr. #, etc.  Suits, Apr. #, etc.  Suits, Apr. #, etc.  Suits, Apr. #, etc.  Apr. #, etc.  Suits, Apr. #, etc.  Suits, Apr. #, etc.  Suits, Apr. #, etc.  Apr. #, etc.  Suits, Apr. #, etc.  Suits, Apr. #, etc.  Apr. #, etc.  Suits,	DOCUMENT # P06000019954  1. Entity Name THE ARMOR GAS COMPANY										ድደብ	13341		
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City & State  A. FEI Number D.— U.308 855   Applied for   Not Applicable   Not Appli	2. Principal Pl	lace of Busin	ess - No P.	D. Box ♥	3. Mailing Address									
E. Name and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. The above named entity submits this statement to the purpose of changing its registered dignor.  8. The above named entity submits this statement to the purpose of changing its registered office or registered agent. Or both, in the State of Ponds. I am familiar with, and accept the obligators of registered agent.  8. The above named entity submits this statement to the purpose of changing its registered office or registered agent. Or both, in the State of Ponds. I am familiar with, and accept the obligators of registered agent.  8. The above named entity submits this statement to the purpose of changing its registered office or registered agent. Or both, in the State of Ponds. I am familiar with, and accept the obligators of registered agent. Or both, in the State of Ponds. I am familiar with, and accept the obligators of registered agent. Or both, in the State of Ponds. I am familiar with, and accept the obligators of registered agent. Or both, in the State of Ponds. I am familiar with, and accept the obligators of registered agent. Or both, in the State of Ponds. I am familiar with, and accept the obligators of registered agent. Or both, in the State of Ponds. I am familiar with, and accept the obligators of registered agent. Or both, in the State of Ponds in t	Suite, Apt.	#, etc.			Suite, Apt. #, etc.			·	04072007	Chg-P	(	CR2E034 (12	/06)	
B. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  ARMOR, TOBY B 4242 87TH AVENUE CIRCLE EAST SARASOTA, FL 34249  Cay  Cay  FL  Zip Code  FL  Zip Code  Cay  FL  Zip Code  FL  Zip Code  FL  Zip Code  Cay  FL  Zip Code  Cay  FL  Zip Code  Cay  FL  Zip Code  FL  Zip Code  Cay  FL  Zip Code  Cay  FL  Zip Code  FL  Zip Code  Cay  FL  Zip Code  FL  Zip Code  Cay  FL  Zi	City & State				City & State				4. FEI Numb	<b>~20-</b> 4	<i>3</i> 08	1855	-+-	
ARMOR, TOBY B 4242 67TH AVENUE CIRCLE EAST SARASOTA, FL 34243  Cry FL Zip Code  E. The above named evidy submits his statement for the purpose of changing its registered agent, or both, in the State of Rovids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be 3550.00  After May 1,	Zìp	Country			<u> </u>	Country		<u> </u>		-	Fee Re			
Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  The above named every submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Ronda. I am familiar with, and accept the obligations of registered agent.  SignaTurite  FILE NOWIII FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  A	-	6. Name	and Addres	is of Current F	Registered Ageni	Name		7. Name and	Address of N	ew Regi	stered Agent			
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After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees  11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  TILE   P	SIGNATURE_	Signeture, typed	or,printed name	of registered agent a	nd ste if applicable.	(NOTE: Re	gisserad Agent tigneture	required	when reinstating)	· <del></del>		DATE		<del></del>
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SIGNATURE: 1 1 Toby Armor 4-12-07 941-752930	indicated on this report or supplemental report is true and accurate and that my signature shar have the same legal effect as it made under detri, that it are an order of the corporation or the receiver, or trusted 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.													
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