


10110

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P12592</b> 1. Entity Name AIRGAS - SOUTH, INC.	
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Principal Place of Business 821-D LIVINGSTON CT MARIETTA, GA 30067 US	Mailing Address PO BOX 9219 MARIETTA, GA 30065-2219 US
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**DO NOT WRITE IN THIS SPACE**



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number 52-1390683	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	<b>DO NOT WRITE IN THIS SPACE</b>
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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 registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROHDE, MIKE 821-D LIVINGSTON CT MARIETTA, GA 30067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CORNWELL, JEFFREY P 259 N RADNOR-CHESTER RD. WAYNE, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CRAUN, TODD R 259 N RADNOR-CHESTER RD. RADNOR, PA 19087
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT SULLIVAN, JAY 821-D LIVINGSTON CT MARIETTA, GA 30067
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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03/04/05-80001-002 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <b>2/23/05</b> <small>Date</small>	Daytime Phone: <b>770-792-2123</b> <small>Daytime Phone #</small>
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