


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90026 020 \*\*\*150.00

<b>DOCUMENT # P93000016920</b>		
1. Entity Name <b>THE GAS APPLIANCE SUPPLY CO., INC.</b>		

Principal Place of Business <b>413 OAK PL BLDG 4 UNIT L PORT ORANGE, FL 32127 US</b>	Mailing Address <b>PO BOX 291189 PORT ORANGE, FL 32129 US</b>
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94047281



2. Principal Place of Business <b>413 Oak Pl</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Bldg 4 unit B</b>	Suite, Apt. #, etc.
City & State <b>Port Orange FL</b>	City & State
Zip <b>32127</b>	Country <b>US</b>

01132004 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3176203</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>NIXON, AUSTIN D 413 OAK PL BLDG 4 UNIT L PORT ORANGE, FL 32127</b>		7. Name and Address of New Registered Agent Name <b>Austin D. Nixon</b> Street Address (P.O. Box Number is Not Acceptable) <b>413 Oak Pl Bldg 4 Unit B</b> City <b>Port Orange</b> <b>FL</b> Zip Code <b>32127</b>

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIXON, A. DAVID 413 OAK PL BLDG 4 UNIT L PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NIXON, A. David 413 Oak Pl Bldg 4 Unit B Port Orange FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NIXON, JANICE C. 413 OAK PL BLDG 4 UNIT L PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO NIXON, Janice C. 413 Oak Pl Bldg 4 Unit B Port Orange FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Sales Russell, Thomas T. 413 Oak Pl Bldg 4 Unit B Port Orange FL 32127 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> 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"/> Delete	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: Janice C. Nixon 4-6-04 386-760-3404  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #