

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000070157

1. Entity Name
EVERYTHING FOR GAS, INC.



Principal Place of Business
**11947 NW 37TH ST
CORAL SPRINGS, FL 33065 US**

Mailing Address
**11947 NW 37TH ST
CORAL SPRINGS, FL 33065 US**



07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0489490

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BUFFINGTON, GREGORY G
6518 N.W. 72ND PLACE
PARKLAND, FL 33067**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BUFFINGTON, GREGORY
4640 ISLAND REEF DR
WELLINGTON, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUFFINGTON, ZOILA E
4640 ISLAND REEF DR
WELLINGTON, FL 33467**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BUFFINGTON, GREGORY G
6518 N.W. 72ND PLACE
PARKLAND, FL 33067**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
KAPLAN, STEPHEN A
8920 S.W. 104TH ST.
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
KAPLAN, STEPHEN A
8920 SW 104TH STREET
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MALENICK, DONAL H
4461 WAYSIDE DR
NAPLES, FL 34119**

U00000371315
07/07/05-80012-018 150.00

**DO NOT WRITE
IN THIS SPACE**

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/5/05 954-340-9270