2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 AM Secretary of State

DOCUMENT	# P95000043873

1. Entity Name

GAS CONTRACTORS, INC.



Principal Place of Business

Mailing Address

5100 SW 188 AVE

5100 SW 188 AVE FORT LAUDERDALE, FL 33332 FT, LAUD, FL 33332



DO NOT WRITE IN THIS SPACE

03262007 No Chg-P CR2E034 (11/05) Applied For 4. FEI Number 65-0588331 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TWYFORD, BUD 5100 SW 188 AVE FT. LAUD, FL 33332

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the ρ ions of registered agent.	urpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and little if	applicable (NOTE Registered	Agent signaturi	s required when reinstating)	DAIE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	U00000721044 05/01/07-80128-025 150.00
10.	OFFICERS AND DIREC	TORS			
IIILE NAME STREET ADDRESS CITY-ST-ZIP	P TWYFORD, BUD 5100 SW 188 AVE FORT LAUDERDALE, FL 33332				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET AUDRESS CITY-ST-ZIP					
TITLE NAME					

with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of its true and accurate and that or signature shall have the same legal effect as if made under oath; that I am an officer or director importered to execute this sport as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the information supplied with this indicated on this report or supplemental report is true of the corporation or the receiver or trustee empowers changed, or on an attachment with an actoress, with a

SIGNATURE:

CITY-ST-ZIP

OFFICER OR DIRECTOR

Daytime Phone #