2004 FOR PROFIT CORPORATION ANNUAL REPORT

MANUEL

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

A . MALIK

03_ 29. 04

352 - 376- 8170

Daytime Prione #

Mar 30, 2004 08:00 AM DOCUMENT # P96000013184 **Secretary of State** CENTRAL FLORIDA GAS, INC. Principal Place of Business Mailing Address 3310 SW 35TH BLVD 3310 SW 35TH BLVD GAINESVILLE, FL 32608 GAINESVILLE, FL 32608 US 01062004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3359486 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MALIK, ABDUL DO NOT WRITE 3310 SW 35TH BLVD GAINESVILLE, FL 32608 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 repictured about and fitte if applicable (NOTE, Registered Agent signature required when reinstating) 1/000000099248 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution 03/30/04-80005-014 158.75 After May 1, 2004 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS PS TITLE MAME MALIK, ABDUL STREET ADDRESS 3310 SW 35TH BLVD CITY-ST-ZIP GAINSVILLE, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STRIET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MLE NAPAL STREET ADDRESS CITY-ST-78P TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE MARKE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

FILED