# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 21, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # P97000045667

1. Entity Name
ST. PETE GAS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 25 SOUTH 14TH STREET<br>ST PETERSBURG, FL 33711 | 25 SOUTH 14TH STREET<br>ST PETERSBURG, FL 33711 |

DO NOT WRITE IN THIS SPACE

03242004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3446818
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CYNAMON, JEFF ESQ
757 FORTY-FIRST STREET
MIAMI BEACH, FL 33140

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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 _____
Signature, type or printed name of registered agent and title if corporation. (NOTE: Reg agents Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000122042
04/21/04-80014-001 150.00

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | NAJDAWI, DEAN |
| STREET ADDRESS | 25 SOUTH 14TH STREET |
| CITY-ST-ZIP | ST PETERSBURG, FL 33711 |
| TITLE | TSD |
| NAME | ANTOUN, PIERRE |
| STREET ADDRESS | 25 SOUTH 14TH STREET |
| CITY-ST-ZIP | ST PETERSBURG, FL 33711 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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)(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:** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #