2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					Feb 06, 2006 08:00 AM				
DOCUMENT # P97000056770 1. Entity Name					Secretary of State				
JODEY'S	BOTTLED GAS, INC.								
Principal Place of Business		Mailing Address							
6300 EDGEWATER DR ORLANDO FL 32810 US		6300 EDGEWATER DR ORLANDO FL 32810 US							
2. Principal Place of Business		3. Mailing Address		,,22		55117 4-121 41115			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE	CR2E034			
City & State		City & State			4. FEI Numbe	59-34557		{ No	plied For LApplicat
Zip	Country	Ζίρ	Country	{		of Status Desired		\$8.75 Add Fee Required	itiona) 1
6. Name and Address of Current Registered Agent			N	lame	7. Name and	Address of New	Registered /	igent	
630	LINGSWORTH, JOSEPH 0 EDGEWATER DR		S	ireet Address (F	O. Box Number	er is Not Acceptal	ole)		
ORL	ANDO FL 32810								
			1	City			FL	Zip Code	
	named entity submits this statement for sons of registered agent.	r the purpose of changing its	registered o	iffice or registere	ed agent, or bo	th, in the State of t	Florida. I am t	amiliar with,	and accer
SIGNATURE	Signature: typed or printed name of registered agent	and the diapolicable [NOTE	· Registered Age	ent signatura required	when reinstaling)		DATE	***	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.00 k Payable to Florida Department o		(9. Election Cam Trust Fund Co			DO May D
10.	OFFICERS AND	DIRECTORS	tt.		ADDITIONS	CHANGES TO O	FICERS AND	DIRECTORS	5 JN 11
TITLE	PSTD	☐ Delete	IBFE			-		☐ Change	☐ Addilla
	HOLLINGSWORTH, JOSEPH 6300 EDGEWATER DR		name Street ad	S S	(21345 0032-01	7 150.OC	}
CITY-SI-ZIP	ORLANDO FL 38810	☐ Delete	CITY-ST-Z TITLE	OF		 -		☐ Change	☐ A ^{a.co}
NAME STREET ADORESS CITY-SI-ZIP		, or other	NAME STREET AD CITY-ST-1	}					
THE TAME STREET ADDRESS CITY-ST-ZIP		☐ Delote	Hile Name Street au City-St-1	1		-		Change	□ Adam
TITLE		☐ Oelele	TULE				·	☐ Change	☐ Adigai
NAME STREET ADDRESS CHY-ST-ZIP			STREET AD CITY-ST-2						
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET AD	i i				☐ Change	Action.
CHY-SI-ZIP TITLE NAME STREET ADDRESS CHY-SI-ZIP		□ Deteke	CITY-ST-Z TRILE MAME STREES AD CITY-ST-Z	DORESS				☐ Change	_ □ A4****.
A Charles			44	4.5	A 1 . 12	N Example Observation	I de contra a a a a a	Alterial Control of the Control of t	farmatica.

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12. I hereby certify that the information supplied with this filing does not qualify for the examptions contained in Section 119, Florida Statutes 1 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 cosporation 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.

CICNATURE PROCESS & M. M. Mark Joseph PHILL Markett 21.2006 407-393-1897