


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 12, 2004 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P97000087045</b><br>1. Entity Name<br><b>BROWARD GAS SERVICE OF NORTH FLORIDA, INC.</b> |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>3311 BARTLETT BLVD<br/>ORLANDO, FL 32811</b> | Mailing Address<br><b>4602 35TH ST<br/>SUITE 200<br/>ORLANDO, FL 32811-6545</b> |
|--|---|

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03032004 No Chg-P CR2E034 (10/03)

|   |  |
|---|--|
| 4. FEI Number<br><b>59-3473007</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

6. Name and Address of Current Registered Agent

**PEREZ, ROLANDO  
7425 S W 127 COURT  
MIAMI, FL 33183**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |                                  |
|---|--|----------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2004 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be<br/>Added to Fees</b> | <b>03/12/04-80046-019 150.00</b> |
|---|--|----------------------------------|

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>P<br/>DYE, ROBERT B<br/>5130 EXECUTIVE BLVD<br/>FT WAYNE, IN 46808</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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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)(f), 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:**  **3-10-04** **800-458-5593 ext 727**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #