

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000091815

1. Entity Name
PINE GAS, INC.



Principal Place of Business
1301 BEVILLE ROAD
UNIT 7
DAYTONA, FL 32119 US

Mailing Address
1301 BEVILLE ROAD
UNIT 7
DAYTONA, FL 32119 US



03242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3474948
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMENDOLAGINE, MICHAEL
1301 BEVILLE RD
UNIT 7
DAYTONA, FL 32119

**DO NOT WRITE
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 registered agent and title if applicable.

(NOTE: Registered 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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	AMENDOLAGINE, MICHAEL
STREET ADDRESS	1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP	DAYTONA, FL 32119
TITLE	VD
NAME	AMENDOLAGINE, MARILYN
STREET ADDRESS	1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP	DAYTONA, FL 32119
TITLE	STD
NAME	OWJI, KHOSROW
STREET ADDRESS	1766 SENECA BLVD.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	VD
NAME	OWJI, CAROLYN
STREET ADDRESS	1766 SENECA BLVD.
CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000103612
04/05/04-80063-020 150.00

**DO NOT WRITE
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)(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

4/02/04 381-322-0673
Date Daytime Phone #