

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 12, 2006 8:00 am**  
**Secretary of State**

07-12-2006 90005 018 \*\*\*150.00

**DOCUMENT # P97000092833**

1. Entity Name

NAT/PRO GAS SERVICES, INC.



Principal Place of Business

6235 HALYARD COURT  
ROCKLEDGE, FL 32955

Mailing Address

6235 HALYARD COURT  
ROCKLEDGE, FL 32955

**50022183**

2. Principal Place of Business

5565 SCHENCK AVE.,

Suite, Apt. #, etc.

STE 4

3. Mailing Address

5565 SCHENCK AVE.,

Suite, Apt. #, etc.

STE 4

07092006

Chg-P

CR2E034 (11/05)



City & State

ROCKLEDGE FL.

City & State

ROCKLEDGE FL.

4. FEI Number

59-3472474

Applied For

Not Applicable

Zip

32955

Country

U.S.A.

Zip

32955

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

FEDER, SUZY  
6235 HALYARD COURT  
ROCKLEDGE, FL 32955

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Suzy Feder*

Signature, typed or printed name of registered agent and title if applicable.

*SUZY FEDER*

(NOTE: Registered Agent signature required when reinstating)

7/10/06

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FEDER, SUZY  
6235 HALYARD COURT  
ROCKLEDGE, FL 32955 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FEDER, THOMAS  
6235 HALYARD COURT  
ROCKLEDGE, FL 32955 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP  
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☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

*THOMAS FEDER*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/06

Date

321 639 3456

Daytime Phone #