## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 19, 2004 08:00 AM Secretary of State

DOCUMENT # P980000105  1. Entity Name PETROL MART, INC.  Principal Place of Business 205 S. HOOVER BLVD.,STE.101 TAMPA, FL 33609	Mailling Address 205 S. HOOVER BLVD.,STE.10 TAMPA, FL 33609			Secretary of State
DO NOT WRITE  6. Name and Address of Current Re			01062004  4. FEI Numb 59-349  5. Certificate	
CECCARELLI, JACK J 205 S. HOOVER BLVD.,STE.101 TAMPA, FL 33609		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	tide if applicable. (NOTE, Registers	ed Agent signature required	when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Fina     Trust Fund Contribution.	ncing \$5.	.00 May Be ed to Fees	U00000118576 04/19/04-80064-020 158.75
TITLE DPTS NAME CECCARELLI, JACK J STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33609  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	***:··			NOT WRITE THIS SPACE
CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP  TITLE NAME STREET ADDRESS CITY-SI-ZIP	is filling does no qualify for the exe re and occurring and that my signs are of the court of th	emption stated in Se ature shall have the ired by Chapter 607	ection 119.07(3) same legal elfe 7, Florida Statut	(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutas. I further certify that the information indicated on this report or supplemental report is true and a current 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 trigite empowered. The entire that 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 the empowered.  SIGNATURE:  SIGNATURE AND TREE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				