


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

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

<b>DOCUMENT # P98000030664</b>			
1. Entity Name PETROL MART #2, INC.			
Principal Place of Business 205 S. HOOVER BOULEVARD, SUITE 101 TAMPA, FL 33609		Mailing Address 205 S. HOOVER BOULEVARD, SUITE 101 TAMPA, FL 33609	
<b>DO NOT WRITE IN THIS SPACE</b>			
		01062004    No Chg-P    CR2E034 (10/03)	
		4. FEI Number 59-3505596	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
CECCARELLI, JACK J 205 S. HOOVER BOULEVARD, SUITE 101 TAMPA, FL 33609		<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		1100000118572	
10. OFFICERS AND DIRECTORS			
TITLE	PTSD		
NAME	CECCARELLI, JACK J		
STREET ADDRESS	205 S. HOOVER BLVD., SUITE 101		
CITY-ST-ZIP	TAMPA, FL 33609		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
<b>DO NOT WRITE IN THIS SPACE</b>			
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: _____		45-04 (813) 286-0008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	