


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90048 001 \*\*\*150.00  
02-02-2004 90048 002 \*\*\*\*\*8.75

<b>DOCUMENT # P98000057697</b>						
<b>1. Entity Name</b> ALL AROUND GAS SERVICE CORP.						
<b>Principal Place of Business</b> 5110 JACKSON STREET HOLLYWOOD, FL 33021			<b>Mailing Address</b> 5110 JACKSON STREET HOLLYWOOD, FL 33021			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0854358		
<b>5. Certificate of Status Desired</b>				<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> ZIPOLI, DAVID J. 5110 JACKSON STREET HOLLYWOOD, FL 33021			<b>7. Name and Address of New Registered Agent</b>			
Name			Street Address (P.O. Box Number is Not Acceptable)			
City			FL Zip Code			
<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.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> PD	<b>NAME</b> ZIPOLI, DAVID		<input type="checkbox"/> Delete	<b>TITLE</b> D=Director	<b>NAME</b> James P. Mazzocco	
<b>STREET ADDRESS</b> 5110 JACKSON STREET	HOLLYWOOD, FL 33021		<input type="checkbox"/> Change	<b>STREET ADDRESS</b> 9151 S.W. 10th St.	Pembroke Pines, FL 33023-1644	
<b>CITY-ST-ZIP</b>	HOLLYWOOD, FL 33021		<input type="checkbox"/> Change	HOLLYWOOD, FL 33021		
<b>TITLE</b> STD	<b>NAME</b> ZIPOLI, LINDA		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 5110 JACKSON STREET	HOLLYWOOD, FL 33021		<input type="checkbox"/> Change	HOLLYWOOD, FL 33021		
<b>CITY-ST-ZIP</b>	HOLLYWOOD, FL 33021		<input type="checkbox"/> Change	HOLLYWOOD, FL 33021		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Change	<b>TITLE</b>		
<b>STREET ADDRESS</b>	<b>NAME</b>		<input type="checkbox"/> Change	<b>NAME</b>		
<b>CITY-ST-ZIP</b>	<b>NAME</b>		<input type="checkbox"/> Change	<b>NAME</b>		
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Change	<b>NAME</b>		
<b>STREET ADDRESS</b>	<b>NAME</b>		<input type="checkbox"/> Change	<b>NAME</b>		
<b>CITY-ST-ZIP</b>	<b>NAME</b>		<input type="checkbox"/> Change	<b>NAME</b>		
<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.</b>						
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						
Date: 1/27/04 Daytime Phone #: 954-989-9781						