

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91045 023 ***150.00

DOCUMENT # P98000082311 1. Entity Name PETRO 21 INC.					
Principal Place of Business 1101 ROSEMARY CT A-104 NAPLES, FL 34103			Mailing Address 1044 CASTELLO DR #106 ASHLEY NAPLES, FL 34103		
2. Principal Place of Business <i>46 Wayne C Ashley</i> Suite, Apt. #, etc. <i>1101 Rosemary Ct A-104</i> City & State <i>Naples FL</i> Zip <i>34103</i>		3. Mailing Address <i>46 N Ashley #106</i> Suite, Apt. #, etc. <i>1044 Castello Drive</i> City & State <i>Naples FL</i> Zip <i>34103</i>			
4. FEI Number 59-3535005		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent STETLER, RONALD L 5889 PELICAN BAY BLVD STE 300 NAPLES, FL 34109			7. Name and Address of New Registered Agent Name Street Address (Box, Box Number is Not Acceptable) <i>5351 Ridgewood Drive</i> <i>Ste #101</i> City <i>Naples</i>		
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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ASHLEY, WAYNE C 1101 ROSEMARY CT #A-104 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JERKINS, MARRELL F 14275 LAUREL TR WEST PALM BEACH, FL 33414		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NALE, STEVE 14400 SW 30TH ST DAVIE, FL 33330		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T REX, ASHLEY N 1044 CASTELLO DR #106 NAPLES, FL 34103		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Ashley, N. Rex</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Wayne C Ashley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>5/3/04</i> Daytime Phone # _____					