## 2004 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

DOCUMENT # P99000050997

1. Entity Name
XL GASOLINE, INC.

Principal Place of Business

955 BOLENDER DR DELRAY BEACH, FL 33483 Mailing Address

955 BOLENDER DR DELRAY BEACH, FL 33483

**FILED** Jul 22, 2004 08:00 AM Secretary of State

CR2E034 (10/03)



## DO NOT WRITE IN THIS SPACE

	_	
4. FEI Number		Applied For
65-0925325		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required

No Chg-P

07062004

5. Name and Address of Current Registered Agent WILSON, BEHN

## DO NOT WRITE 955 BOLENDER DR DELRAY BEACH, FL 33483 IN THIS SPACE

			IN THIS SPACE		
	named entity submits this statement for the cons of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	off, in the State of Florida Tam familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and till	e il applicable (NOTE Registered	คือเกา มีวิจัยในใช	required when reinstating)	
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	Election Campaign Financ     Trust Fund Contribution.	cing 🖂	\$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. ITLE NAME STREET ADDRESS CITY - ST - ZIP	OFFICERS AND DIRE PTSD MALONEY, FRANK 6 LAKESHORE DR. NEWTOWN SQUARE, PA 19073	CTORS	. <u>-</u> .		A SALES AND A SALE
TITLE NAME STREET AODRESS CITY ST-ZIP					U00000167669 07/22/04-80004-008 150.00
name Street Address City - St - Zip					NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	\			IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY -ST - ZIP					
TITLE NAME					

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 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 it made under cath, 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:

City-ST-ZIP