

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90215 029 ***150.00

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1. Entity Name

G.A.S. AUTO CREATIONS, INC.



Principal Place of Business

3000 S. ANDREWS AVENUE
FT. LAUDERDALE FL 33316

Mailing Address

POST OFFICE BOX 22682
FT. LAUDERDALE FL 33335-2682

20042853



2. Principal Place of Business

5822-24 Plunkett St
Suite, Apt. #, etc.
Hollywood FL
City & State

3. Mailing Address

Same as above
Suite, Apt. #, etc.
City & State

1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0936990

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEELE, GORDON A
13345 NW 11TH PL
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME STEELE, GORDAN A
STREET ADDRESS 13345 NW 11TH PL
CITY-ST-ZIP SUNRISE FL 33323

TITLE VP ☐ Delete
NAME MAC KINNON, W
STREET ADDRESS 5144 NE 17TH TERR
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE ST ☐ Delete
NAME STEELE, CHERYL
STREET ADDRESS 13345 NW 11TH PLACE
CITY-ST-ZIP FORT LAUDERDALE FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-5 954.527.9964