



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -7 AM 9:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000061633 1. Entity Name S.P. GAS FOOD INC					
Principal Place of Business 1248 WELLS AVE TAVARES, FL 32778-9127			Mailing Address 1248 WELLS AVE TAVARES, FL 32778-9127		
2. Principal Place of Business 1248 WELLS AVE Suite, Apt. #, etc. _____		3. Mailing Address 1248 WELLS AVE Suite, Apt. #, etc. _____		 09282004 Chg-P CR2E034 (10/03)	
City & State TAVARES (FL)		City & State FL			
Zip 32778		Country USA			
4. FEI Number 59-3601016		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KUMAR, BINOD 1545 STORMWAY CT APOPKA, FL 32712			7. Name and Address of New Registered Agent Name BINOD KUMAR Street Address (P.O. Box Number is Not Acceptable) 1545 STORMWAY CT APOPKA 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 <u><i>Binod Kumar</i></u> DATE <u>10/04/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KUMAR, BINOD 1248 WELLS AVE TAVARES, FL 327784127	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600041730136 10/08/04--01059--001 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KUMAR, SUSHMA 1248 WELLS AVE TAVARES, FL 327784127	<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	T KUMAR, SUKET 1248 WELLS AVE TAVARES, FL 32778	<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	S KUMAR, PRAR T 1248 WELLS AVE TAVARES, FL 32778	<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	
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: <u><i>Binod Kumar</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>10/04/04</u> Daytime Phone # _____		