


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 OCT -7 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # P99000061633</b> 1. Entity Name <b>S.P. GAS FOOD INC</b>			
Principal Place of Business <b>1248 WELLS AVE TAVARES, FL 32778-9127</b>		Mailing Address <b>1248 WELLS AVE TAVARES, FL 32778-9127</b>	
2. Principal Place of Business <b>1248 WELLS AVE</b> Suite, Apt. #, etc. _____		3. Mailing Address <b>1248 WELLS AVE</b> Suite, Apt. #, etc. _____	
City & State <b>TAVARES (FL)</b>		City & State <b>FL</b>	
Zip <b>32778</b>		Country <b>USA</b>	
Zip <b>32778</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>59-3601016</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>KUMAR, BINOD 1545 STORMWAY CT APOPKA, FL 32712</b>		7. Name and Address of New Registered Agent Name <b>BINOD KUMAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>1545 STORMWAY CT</b> City <b>APOPKA</b>	
City <b>FL</b>		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> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <u>10/04/04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <b>P</b> <input type="checkbox"/> Delete NAME <b>KUMAR, BINOD</b> STREET ADDRESS <b>1248 WELLS AVE</b> CITY-ST-ZIP <b>TAVARES, FL 327784127</b>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>600041730136</b> <b>10/08/04--01059--001 **150.00</b>		
TITLE <b>VP</b> <input type="checkbox"/> Delete NAME <b>KUMAR, SUSHMA</b> STREET ADDRESS <b>1248 WELLS AVE</b> CITY-ST-ZIP <b>TAVARES, FL 327784127</b>			
TITLE <b>T</b> <input type="checkbox"/> Delete NAME <b>KUMAR, SUKET</b> STREET ADDRESS <b>1248 WELLS AVE</b> CITY-ST-ZIP <b>TAVARES, FL 32778</b>			
TITLE <b>S</b> <input type="checkbox"/> Delete NAME <b>KUMAR, PRAR T</b> STREET ADDRESS <b>1248 WELLS AVE</b> CITY-ST-ZIP <b>TAVARES, FL 32778</b>			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ 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: <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> <small>Date</small>	
		Daytime Phone # _____ <small>Daytime Phone #</small>	