2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 04, 2004 08:00 AM Secretary of State **DOCUMENT # V24509** 1. Entity Name FLORIDA FUEL OF HARDEE COUNTY, INC. Principal Place of Business Mailing Address 156 WILL DUKE ROAD P.O. BOX 1438 WAUCHULA FL 33873 US WAUCHULA, FL 33873 03022004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3113166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent REAS, STEVE DO NOT WRITE 156 WILL DUKE RD WAUCHULA, FL 33873 IN THIS SPACE 3. 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** REAS, STEVE NAME STREET ADDRESS 645 BOST RD CITY-ST-7IP WAUCHULA, FL 33873 U00000076239 03/04/04-80019-022 150.00 TITLE NAME, STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:

NAME STREET ADDRESS CITY-ST-7P

NAME STREET ADDRESS CATY-ST-ZIP