## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# V47342

FILED Mar 23, 2005 Secretary of State

Entity Name: SPACE COAST PETRO DISTRIBUTOR, INC.

urrent P	rincipal Pla	ace of Business:	New Principal Place of Business:
	POINT DR		
TE. 101 OCOA, F	FL 32926	US	
urrent N	lailing Add	ress:	New Mailing Address:
	POINT DR		
TE. 101 COCOA, F	FL 32926	US	
El Number	: 59-3133348	FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
ame and	l Address o	of Current Registered Ag	ent: Name and Address of New Registered Agent:
OILEAU, 490 N US			
	FL 32926	US	
COCOA, F	FL 32926		or the purpose of changing its registered office or registered agent, or both,
OCOA, F he above the State	FL 32926 named ent e of Florida. RE:	ity submits this statement f	
OCOA, F he above the State	FL 32926 named ent e of Florida. RE:		
OCOA, F he above the State	FL 32926 named ent e of Florida. RE: Elect	ity submits this statement f	red Agent Date
he above the State GNATUI	FL 32926 named ent e of Florida. RE: Elect	ity submits this statement f cronic Signature of Register cing Trust Fund Contribution (	red Agent Date
OCOA, For the above the State IGNATUI	FL 32926 e named ent e of Florida. RE: Elect mpaign Finan S AND DIR  DP SHAH, MAH	ity submits this statement for conic Signature of Register cing Trust Fund Contribution (  ECTORS:  ( ) Delete ESH R., SBILL ISLAND DR.	red Agent Date
ocoa, fine above the State IGNATUI ection Car FFICER the: ame: ddress:	e named ent e of Florida.  RE: Elect mpaign Finan S AND DIR  DP SHAH, MAH 702 HAWKS SATELLITE DS SHAH, RAS	ity submits this statement formula signature of Register cing Trust Fund Contribution (CECTORS:  ( ) Delete ESH R., SBILL ISLAND DR. BEACH, FL ( ) Delete HMI M., SBILL ISLAND DR.	red Agent Date  ).  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAH RASHMI M SEC 03/23/2005