


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N35390</b> 1. Entity Name FLORIDA ENERGY PIPELINE ASSOCIATION, INC.	
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Principal Place of Business 2507 CALLAWAY RD STE 104 TALLAHASSEE, FL 32303	Mailing Address 9055 EAGLE'S RIDGE DRIVE TALLAHASSEE, FL 32312
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04042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2981910	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

WILSON, ROBERT  
 9055 EAGLES RIDGE DR  
 TALLAHASSEE, FL 32312

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000003694249  
 04/17/07-80009-023 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD WILSON, ROBERT 9055 EAGLES RIDGE DR. TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMMONS, WAYNE 2101 GATX DR TAMPA, FL 33605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD TEAL, MIKE 601 S LAKE DESTINY DR MAITLAND, FL 32794
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD TAYLOR, AL 1905 INTERMODAL CIR STE 310 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, 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:  Robert W. Wilson Date: 4/5/07 850-893-4046  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #