

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 222641

FILED
Apr 17, 2008
Secretary of State

Entity Name: ST JOE NATURAL GAS CO INC

Current Principal Place of Business:

301 LONG AVENUE
PORT ST JOE, FL 324567549

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 549
PORT ST JOE, FL 324577549 US

New Mailing Address:

FEI Number: 59-1023614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHOAF, STUART L.
301 LONG AVENUE
PORT SAINT JOE, FL 324567549 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHOAF, STUART L.,
Address: 301 LONG AVE
City-St-Zip: PORT ST. JOE, FL 32456

Title: D () Delete
Name: COSTIN, MARGARET,
Address: 2005 CONSTITUTION DR.
City-St-Zip: PORT ST. JOE, FL 32456

Title: VD () Delete
Name: COSTIN, CHARLES,
Address: 413 WILLIAMS AVENUE
City-St-Zip: PORT ST JOE, FL 32456

Title: D () Delete
Name: SHOAF, RENEE,
Address: 1902 MONUMENT AVE
City-St-Zip: PORT ST. JOE, FL 32456

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: STUART L SHOAF

PD

04/17/2008

Electronic Signature of Signing Officer or Director

Date