2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008
Secretary of State

DOCUMENT# 250455

Entity Name: INDIANTOWN GAS COMPANY

Current Principal Place of Business:

16600 SW WARFIELD BLVD
INDIANTOWN, FL 349560008

New Principal Place of Business:

Current Mailing Address:

P O BOX 8
INDIANTOWN, FL 349560008

New Mailing Address:

FEI Number: 59-0907851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POWERS, BRIAN J
14600 SW OSCEOLA ST
INDIANTOWN, FL 34956 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:	D	( ) Delete
Name:	POWERS, COLETTE M	
Address:	14555 SW OSCEOLA ST	
City-St-Zip:	INDIANTOWN, FL	
Title:	PCS	( ) Delete
Name:	POWERS, BRIAN J	
Address:	16600 SW WARFIELD BLVD	
City-St-Zip:	INDIANTOWN, FL	
Title:	T	( ) Delete
Name:	POWERS, MELISSA M	
Address:	16600 SW WARFIELD BLVD	
City-St-Zip:	INDIANTOWN, FL 34956	
Title:	DS	( ) Delete
Name:	POWERS, KEVIN P	
Address:	15350 SW MYRTLE DR	
City-St-Zip:	INDIANTOWN, FL 34956	
Title:	DS	( ) Delete
Name:	BATCHELOR, MARY BETH	
Address:	15300 SW MYRTLE DR	
City-St-Zip:	INDIANTOWN, FL 34956	
Title:	DS	( ) Delete
Name:	POWERS, DAVID R	
Address:	1494 SW LOCKS RD	
City-St-Zip:	STUART, FL 34956	

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:	
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: MELISSA M. POWERS T 04/16/2008

Electronic Signature of Signing Officer or Director — Date