2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2011
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
4705 SW DEER RUN AVE
OKEECHOBEE, FL 34974 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

OFFICERS AND DIRECTORS:

Title: D
Name: POWERS, COLETTE M
Address: 14555 SW OSCEOLA ST
City-St-Zip: INDIANTOWN, FL 34956

Title: PCS
Name: POWERS, BRIAN J
Address: 16600 SW WARFIELD BLVD
City-St-Zip: INDIANTOWN, FL 34997

Title: T
Name: POWERS, MELISSA M
Address: 16600 SW WARFIELD BLVD
City-St-Zip: INDIANTOWN, FL 34956

Title: DS
Name: POWERS, KEVIN P
Address: 615 OVERLOOK DR
City-St-Zip: STUART, FL 34997

Title: DS
Name: BATCHELOR, MARY BETH
Address: 15300 SW MYRTLE DR
City-St-Zip: INDIANTOWN, FL 34956

Title: DS
Name: POWERS, DAVID R
Address: 1494 SW LOCKS RD
City-St-Zip: STUART, FL 34956

I hereby 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 all other like empowered.

SIGNATURE: BRIAN J POWERS PCS 04/29/2011

Electronic Signature of Signing Officer or Director Date