


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2004 08:00 AM
Secretary of State

DOCUMENT # 345129 1. Entity Name LINDA JO'S BOTTLE GAS COMPANY	
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Principal Place of Business
**3711 TROUT RIVER BLVD.
JACKSONVILLE, FL 32208**

Mailing Address
**3711 TROUT RIVER BLVD.
JACKSONVILLE, FL 32208**



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1230449	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**DINGMAN, RAYMOND SR
5923 SOUTEL DRIVE
JACKSONVILLE, FL 32209**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DINGMAN, RAYMOND, SR.
STREET ADDRESS	5923 SOUTEL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	V
NAME	DINGMAN, RAYMOND, JR.
STREET ADDRESS	5923 SOUTEL DRIVE
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	ST
NAME	DEXTER, RAE H
STREET ADDRESS	5923 SOUTEL DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	T
NAME	DINGMAN, MELISSA
STREET ADDRESS	5923 SOUTEL DR.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/04-80017-018 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-15-04

904-765-4283