2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2008
Secretary of State

DOCUMENT# 354951

Entity Name: GLADES GAS COMPANY OF OKEECHOBEE, INC.

Current Principal Place of Business:

804 NORTH PARROTT AVE
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

804 NORTH PARROTT AVE
OKEECHOBEE, FL 34972

New Mailing Address:

FEI Number: 59-1282707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONICA M CLARK
804 NORTH PARROTT AVE.
OKEECHOBEE, FL 33472 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: CLARK, MONICA M.,
Address: 1900 S. W. 5TH AVE.
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: TD ( ) Delete
Name: MCCARTHY, RUTH O.,
Address: 811 W. ROYAL PALM AVE.
City-St-Zip: CLEWISTON, FL 33440 US

Title: S ( ) Delete
Name: CLARK, JAMES A. III
Address: 1900 SW 5TH AVE
City-St-Zip: OKEECHOBEE, FL 34974 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: CLARK, MONICA M MRS
Address: 1900 S. W. 5TH AVE.
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: TD (X) Change ( ) Addition
Name: MCCARTHY, RUTH O MS
Address: 811 W. ROYAL PALM AVE.
City-St-Zip: CLEWISTON, FL 33440 US

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: MONICA M CLARK PD 02/20/2008

Electronic Signature of Signing Officer or Director — Date