

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2004 08:00 AM
Secretary of State

DOCUMENT # 415122 1. Entity Name TRU-GAS OF FLORIDA, INC.	
---	---

Principal Place of Business ARROWOOD MANUFACTURED HOME COMM. 3500 FELL ROAD WEST MELBOURNE, FL 32901	Mailing Address P.O. BOX 429 LA CROSSE, WI 54602-0429
--	---

DO NOT WRITE IN THIS SPACE



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1443725	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent BARDO, BRUCE 3500 FELL ROAD WEST MELBOURNE, FL 32901
--

**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 _____ (NOTE: Registered Agent Signature required when registering) DATE _____

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	U000000074084 03/03/04-80003-021 150.00
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LINTON, RICHARD A. 108 CALLA COURT ONALASKA, WI 54650
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC SENTY, JAMES A 1107 CLIFFWOOD LANE LA CROSSE, WI 54601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BARDO, BRUCE 420 BUFFALO ST. W MELBOURNE, FL 32904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HISER, VONA J. 1118 SEILER LANE LA CROSSE, WI 54601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORHAM, ROBERT 211 DION MORA, MN 55051
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SENTY, PAUL J 8510 GREENWAY BLVD., UNIT 305 MIDDLETON, WI 53562

**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: Richard A Linton 1/20/04 608-781-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Richard A Linton, Treasurer