2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # 415122

1. Entity Name
TRU-GAS OF FLORIDA, INC.

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

01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	LINTON, RICHARD A.
STREET ADDRESS	108 CALLA COURT
CITY-ST-ZIP	ONALASKA, WI 54650
TITLE	PDC
NAME	SENTY, JAMES A
STREET ADDRESS	1107 CLIFFWOOD LANE
CITY-ST-ZIP	LA CROSSE, WI 54601
TITLE	AS
NAME	BARDO, BRUCE
STREET ADDRESS	420 BUFFALO ST.
CITY-ST-ZIP	W MELBOURNE, FL 32904
TITLE	S
NAME	HISER, VONA J.
STREET ADDRESS	862 ASPEN VALLEY DR
CITY-ST-ZIP	ONALASKA, WI 54650
TITLE	D
NAME	GORHAM, ROBERT
STREET ADDRESS	211 DION
CITY-ST-ZIP	MORA, MN 55051
TITLE	V
NAME	SENTY, PAUL J
STREET ADDRESS	7633 HIDDEN SAVANNAH CT
CITY-ST-ZIP	VERONA, WI 53593

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02/25/08-80004-010 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **RICHARD A. LINTON** **01-24-08** **608-781-1010**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **TREASURER** Date Daytime Phone #