## 2008 FOR PROFIT CORPORATION

## **ANNUAL REPORT**

**DOCUMENT #415122** 

1. Entity Name

TRU-GAS OF FLORIDA, INC.

**FILED** Feb 14, 2008 08:00 Al **Secretary of State** 

Principal Place of Business

Mailing Address

ARROWOOD MANUFACTURED HOME COMM.

P.O. BOX 429

3500 FELL ROAD WEST MELBOURNE, FL 32901 LA CROSSE, WI 54602-0429



DO NOT WRITE IN THIS SPACE

01242008 No Chg-P CR2E034 (11/05) 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

HISER, VONA J.

862 ASPEN VALLEY DR

ONALASKA, WI 54650

GORHAM, ROBERT

MORA, MN 55051

SENTY, PAUL J

VERONA, WI 53593 ....

7633 HIDDEN SAVANNAH CT

**211 DION** 

## 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	faunicania (NOIF Regularer	Acent suppative	required when reinstating)		DATE	· · · · ·
, 1 -	Signature, typed or printed rights or registered agent and line	applicable (No.E. negistered	Agon aignator	Teducina Milan (aniquamily)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	CTORS					
TITLE	Т			•		*	
NAME	LINTON, RICHARD A.					•	•
STREET ADDRESS	108 CALLA COURT						•
CITY-SI-ZIP	ONALASKA, WI 54650						•
TITLE	PDC				Hacaca	222240	
NAME	SENTY, JAMES A				U000001 02/25/08-1	30004-010	150 OO
STREET ADDRESS	1107 CLIFFWOOD LANE				our cor or .	Jeogai Gre	100100
CITY-ST-ZIP	LA CROSSE, WI 54601						
TITLE	AS				•		
NAME	BARDO, BRUCE					•	
STREET ADDRESS	420 BUFFALO ST.			DO	<b>NOT WE</b>	DITE	
CITY-ST-ZIP	W MELBOURNE, FL 32904			טט	IAA I AAL		•

IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 charged, or on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

> RICHARD A. LINTON TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER

01-24-08 <u>608-781-1010</u>