

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 415122

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: TRU-GAS OF FLORIDA, INC.

## Current Principal Place of Business:

ARROWOOD MANUFACTURED HOME COMM.  
3500 FELL ROAD  
WEST MELBOURNE, FL 32901

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 429  
LA CROSSE, WI 546020429

## New Mailing Address:

FEI Number: 59-1443725

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARDO, BRUCE  
3500 FELL ROAD  
WEST MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

MORRIS, SHEREE  
3500 FELL ROAD  
WEST MELBOURNE, FL 32901 US

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: SHEREE MORRIS

01/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: LINTON, RICHARD A.,  
Address: 108 CALLA COURT  
City-St-Zip: ONALASKA, WI 54650

Title: PDC ( ) Delete  
Name: SENTRY, JAMES A  
Address: 1107 CLIFFWOOD LANE  
City-St-Zip: LA CROSSE, WI 54601

Title: AS (X) Delete  
Name: BARDO, BRUCE  
Address: 420 BUFFALO ST.  
City-St-Zip: W MELBOURNE, FL 32904

Title: S ( ) Delete  
Name: HISER, VONA J.,  
Address: 862 ASPEN VALLEY DR  
City-St-Zip: ONALASKA, WI 54650

Title: D ( ) Delete  
Name: GORHAM, ROBERT  
Address: 211 DION  
City-St-Zip: MORA, MN 55051

Title: V ( ) Delete  
Name: SENTRY, PAUL J  
Address: 7633 HIDDEN SAVANNAH CT  
City-St-Zip: VERONA, WI 53593

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition  
Name: LINTON, RICHARD A  
Address: 108 CALLA COURT  
City-St-Zip: ONALASKA, WI 54650

Title: PDC (X) Change ( ) Addition  
Name: SENTRY, JAMES A  
Address: 853 COUNTRY CLUB LANE  
City-St-Zip: ONALASKA, WI 54650

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: HISER, VONA J  
Address: 862 ASPEN VALLEY DR  
City-St-Zip: ONALASKA, WI 54650

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RICHARD A. LINTON

T

01/30/2009

Electronic Signature of Signing Officer or Director

Date