


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 834506 1. Entity Name BLOSSMAN GAS OF LOUISIANA INC.	
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Principal Place of Business C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324	Mailing Address C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-P CR2ED34 (11/05)

4. FEI Number 72-0570206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324**

**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 reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOSSMAN, JOHN R 207 SHEARWATER DR. OCEAN SPRINGS, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD ALLEN, A L JR. 1210 BRISTOL BLVD. OCEAN SPRINGS, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, ROBERT C 6000 SHORE DR. OCEAN SPRINGS, MS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIDE, STUART E 20 COUNTRY CLUB TRAIL ASHEVILLE, NC 28804
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD REYNOLDS, DAVID M 3713 POINT CLEAR DR OCEAN SPRINGS, MS 39564
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOHNSON, JESSIE W 325 CEDAR CREST DR. ASHEVILLE, NC 28803

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IN THIS SPACE**

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02/11/06-80016-017 150.00

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

_____ Date _____ Daytime Phone # _____