2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2007
Secretary of State

DOCUMENT# 834506

Entity Name: BLOSSMAN GAS OF LOUISIANA INC.

Current Principal Place of Business:

C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 72-0570205 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BLOSSMAN, JOHN R
Address: 207 SHEARWATER DR.
City-St-Zip: OCEAN SPRINGS, MS

Title: SVD ( ) Delete
Name: ALLEN, A L JR.
Address: 1210 BRISTOL BLVD.
City-St-Zip: OCEAN SPRINGS, MS

Title: D ( ) Delete
Name: MAYER, ROBERT C
Address: 6000 SHORE DR.
City-St-Zip: OCEAN SPRINGS, MS

Title: PD ( ) Delete
Name: WEIDE, STUART E
Address: 20 COUNTRY CLUB TRAIL
City-St-Zip: ASHEVILLE, NC 28804

Title: VTD ( ) Delete
Name: REYNOLDS, DAVID M
Address: 3713 POINT CLEAR DR
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: VD ( ) Delete
Name: JOHNSON, JESSIE W
Address: 325 CEDAR CREST DR.
City-St-Zip: ASHEVILLE, NC 28803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BLOSSMAN, JOHN J
Address: 207 SHEARWATER DR.
City-St-Zip: OCEAN SPRINGS, MS

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

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

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

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: A. L. ALLEN, JR SVD 05/16/2007

Electronic Signature of Signing Officer or Director Date