

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F57099

FILED  
Apr 21, 2004  
Secretary of State

Entity Name: GLADES GAS CO., INC.

## Current Principal Place of Business:

309 E. SUGARLAND HIGHWAY  
CLEWISTON, FL 33440

## New Principal Place of Business:

## Current Mailing Address:

309 E. SUGARLAND HIGHWAY  
CLEWISTON, FL 33440

## New Mailing Address:

FEI Number: 59-2147939

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCARTHY, DANIEL M  
309 E SUGARLAND HWY  
CLEWISTON, FL 33440 US

## Name and Address of New Registered Agent:

MCCARTHY, DANIEL M STD  
309 E SUGARLAND HWY  
CLEWISTON, FL 33440 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: DANIEL M MCCARTHY

04/21/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MCCARTHY, KEVIN S  
Address: 309 E SUGARLAND HWY  
City-St-Zip: CLEWISTON, FL 0,

Title: VD ( ) Delete  
Name: MCCARTHY, DEBORAH  
Address: 312 N DEANE DUFF AVE  
City-St-Zip: CLEWISTON, FL 33440

Title: STD ( ) Delete  
Name: MCCARTHY, DANIEL M  
Address: 309 E. SUGARLAND HWY.  
City-St-Zip: CLEWISTON, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 for the exemption stated in Section 119.07(3)(i), 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: KEVIN S MCCARTHY

PD

04/21/2004

Electronic Signature of Signing Officer or Director

Date