2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# N13375

Entity Name: ASSOCIATED GAS DISTRIBUTORS OF FLORIDA, INC.

Current Principal Place of Business:

PO BOX 3395
WEST PALM BEACH, FL 33402 US

New Principal Place of Business:

401 S. DIXIE HWY.
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

PO BOX 3395
WEST PALM BEACH, FL 33402 US

New Mailing Address:

FEI Number: 59-2659587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, G. D
214 SOUTH MONROE STREET
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title:	DT	( ) Delete
Name:	STEIN, CHARLES L.	
Address:	401 SOUTH DIXIE HWY.	
City-St-Zip:	W. PALM BCH, FL 33401	
Title:	DS	( ) Delete
Name:	RAWSON, CHARLES	
Address:	955 E. 25TH ST.	
City-St-Zip:	HIALEAH, FL 33013	
Title:	DP	( ) Delete
Name:	SHOAF, STEWART	
Address:	PO BOX 549	
City-St-Zip:	PORT SAINT JOE, FL 32457	
Title:	DV	( ) Delete
Name:	CHRISTMAS, BRUCE	
Address:	P.O. BOX 111	
City-St-Zip:	TAMPA, FL 33601	

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:	
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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES L. STEIN DT 04/04/2007

Electronic Signature of Signing Officer or Director — Date