

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000105577

1. Entity Name
FLORIDA GAS CONNECTION, INC.



Principal Place of Business
5836 ENTERPRISES PARKWAY
FORT MYERS, FL 33905

Mailing Address
5836 ENTERPRISES PARKWAY
FORT MYERS, FL 33905

FILED
Feb 19, 2008 08:00 AM
Secretary of State



01202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1423336
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KNOTT, GEORGE H ESQ
KNOTT CONSOER EBELINI HART & SWETT PA
1625 HENDRY STREET THIRD FLOOR
FORT MYERS, FL 33901

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000932656
02/27/08-80068-006 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME STEVENS, KENNETH N
STREET ADDRESS 620 WILDWOOD PARKWAY
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08 2395400073
Date Daytime Phone #

239 693-9977