## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000096741

Entity Name: FLORIDA GAS WORKS, INC.

1417 SADLER ROAD #235

FERNANDINA BEACH, FL 32034 US

Address: City-St-Zip: FILED Aug 27, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place	New Principal Place of Business:		
	LER ROAD						
#235 FERNAND	DINA BEACH, FL	32034	US				
Current Mailing Address:				New Mailing Address	New Mailing Address:		
	LER ROAD						
#235 FERNAND	DINA BEACH, FL	32034	US				
FEI Number	: 56-2521316	FEI Numb	er Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )		
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:		
1417 SAĎ #235	DONALD C LER ROAD DINA BEACH, FI	_ 32034 \	Js				
	e named entity so e of Florida.	ubmits this	s statement for the p	ourpose of changing its registered	d office or registered agent, or both,		
SIGNATUI	RE:						
Electronic Signature of Registered Agent				ent	Date		
	ce with s. 607.193 mpaign Financing			ot receive the prior notice.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P ()[ SCHAAK, CLIFFO 1417 SADLER R FERNANDINA BE	OAD #235	2034 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	S ()[ SCHAAK, NEIL T 1417 SADLER R FERNANDINA BE	OAD #235	2034 US	Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name:	T ()[ WENING, DONA	Delete _D C		Title: Name:	( ) Change ( ) Addition		

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.

Address:

City-St-Zip:

SIGNATURE: CLIFFORD T, SCHAAK PRS. 08/27/2008