

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24879

FILED
Jan 07, 2004
Secretary of State

Entity Name: PLANTATION PROPANE, INC.

Current Principal Place of Business:

403 SMITH AVE.
THOMASVILLE, GA 31792

New Principal Place of Business:

Current Mailing Address:

PO BOX 3146
THOMASVILLE, GA 31799

New Mailing Address:

FEI Number: 58-1829405

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MERCER, FRANK
3658 DWIGHT DAVIS DRIVE
TALLAHASSEE, FL 32312 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LANIGAN, BERNARD, JR.,
Address: 430 S. HANSELL STREET
City-St-Zip: THOMASVILLE, GA

Title: S () Delete
Name: HARMON, LARRY,
Address: 8214 HWY 195
City-St-Zip: THOMASVILLE, GA

Title: PD () Delete
Name: LEWIS, MONTY,
Address: 403 SMITH AVENUE
City-St-Zip: THOMASVILLE, GA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: WATT, PHILIP,
Address: 913 BLACKSHEAR ST.
City-St-Zip: THOMASVILLE, GA 31792 US

Title: S (X) Change () Addition
Name: SETLIFF, DONNA,
Address: 105 MAGGIE DRIVE
City-St-Zip: THOMASVILLE, GA 31792

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: MONTY LEWIS

PD

01/07/2004

Electronic Signature of Signing Officer or Director

Date