

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000020097

Entity Name: AEROGAS, INC.

FILED
Mar 16, 2010
Secretary of State

Current Principal Place of Business:

4340 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

4340 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 59-3227097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, LORAN
4340 N. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804 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: PT
Name: FLEMING, LORAN
Address: 4340 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32804

Title: S
Name: TEMPLE, JERRY
Address: 4340 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDP, FL 32804

Title: VP
Name: FLEMING, JEFFREY L
Address: 4340 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: SAINES, WILLIAM
Address: 4340 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: FLEMING, CONNIE J
Address: 4340 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32804

Title: D
Name: FINE, MICHAEL
Address: 4340 N. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32804

I hereby 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 all other like empowered.

SIGNATURE: LORAN FLEMING

PT

03/16/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date