

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000034496

**FILED
Jan 03, 2007
Secretary of State**

Entity Name: WILLIAMS PANHANDLE PROPANE, INC.

Current Principal Place of Business:

274 CAPITAL CIRCLE, S.W.
TALLAHASSEE, FL 32310

New Principal Place of Business:

Current Mailing Address:

PO BOX 248
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-3239900 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WILLIAMS, BURTON C
274 CAPITAL CIRCLE, S.W.
TALLAHASSEE, FL 32310 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: PD () Delete
Name: WILLIAMS, BURTON C
Address: 2111 MILLER LANDING RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: S () Delete
Name: HAMMAKER, FRANK
Address: 1710 SHERWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: VP () Delete
Name: JONES, ROBERT
Address: 14950 BETH PAGE RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: T () Delete
Name: BURNS, LISA M
Address: 26 CONE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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

SIGNATURE: LISA M BURNS

T

01/03/2007

Electronic Signature of Signing Officer or Director

_____ Date