


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90229 036 ***150.00

DOCUMENT # P95000082429
 1. Entity Name
FUELGAS OF HIGHLANDS COUNTY, INC.



60033739

Principal Place of Business
 206 INTERLAKE BLVD.
 LAKE PLACID, FL 33852

Mailing Address
 206 INTERLAKE BLVD.
 LAKE PLACID, FL 33852



2. Principal Place of Business
212 Interlake Blvd

3. Mailing Address
212 Interlake Blvd

Suite, Apt. #, etc.

04212006 Chg-P CR2E034 (11/05)

City & State
Lake Placid, FL

City & State
Lake Placid, FL

Zip Country
33852 USA

Zip Country
33852 USA

4. FEI Number
65-0643416

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
ARCHER, JOAN H
206 INTERLAKE BLVD.
LAKE PLACID, FL 33852

7. Name and Address of New Registered Agent
 Name
Joan H Archer
 Street Address (P.O. Box Number is Not Acceptable)
212 Interlake Blvd
 City
Lake Placid FL Zip Code
33852

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 *Joan H Archer* (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARCHER, FRED P. 206 INTERLAKE BLVD. LAKE PLACID, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD ARCHER, JOAN H 206 INTERLAKE BLVD. LAKE PLACID, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Fred P Archer 212 Interlake Blvd Lake Placid, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD Joan H Archer 212 Interlake Blvd Lake Placid, FL 33852	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joan H Archer* Date _____ Day/Time Phone # _____