


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State


DOCUMENT # P95000082429

1. Entity Name
FUELGAS OF HIGHLANDS COUNTY, INC.



| | |
|----------------------------------------------------------------------------|----------------------------------------------------------------|
| Principal Place of Business 212 INTERLAKE BLVD LAKE PLACID, FL 33852 | Mailing Address 212 INTERLAKE BLVD LAKE PLACID, FL 33852 |
|----------------------------------------------------------------------------|----------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE



04242007 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------------------------------------|---------------------------------------|
| 4. FEI Number 65-0643416 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

ARCHER, JOAN H
 212 INTERLAKE BLVD
 LAKE PLACID, FL 33852

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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. 212 INTERLAKE BLVD LAKE PLACID, FL 33852 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VSTD ARCHER, JOAN H 212 INTERLAKE BLVD LAKE PLACID, FL 33852 |
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 05/17/07-80059-008 150.00

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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____