

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90079 047 \*\*\*150.00

<b>DOCUMENT # P98000071301</b> 1. Entity Name <b>PEMCO GAS, INCORPORATED</b>			
Principal Place of Business <b>8 TANGLEWOOD CT PALM COAST, FL 32137</b>		Mailing Address <b>8 TANGLEWOOD CT PALM COAST, FL 32137</b>	
2. Principal Place of Business <b>7 VILLAGE VIEW WAY PALM COAST</b> Suite, Apt. #, etc. <b>PALM COAST</b> City & State <b>PALM COAST, FL</b> Zip <b>32137-4542</b> Country <b>USA</b>		3. Mailing Address <b>7 VILLAGE VIEW WAY PALM COAST</b> Suite, Apt. #, etc. <b>PALM COAST</b> City & State <b>PALM COAST, FL</b> Zip <b>32137-4542</b> Country <b>USA</b>	
4. FEI Number <b>59-3531897</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DICKINSON, CARL W 8 TANGLEWOOD CT PALM COAST, FL 32137</b>		7. Name and Address of New Registered Agent Name <b>CARL W. DICKINSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>7 VILLAGE VIEW WAY</b> City <b>PALM COAST</b> <b>FL</b> Zip Code <b>32137-4542</b>	
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 <u><i>Carl W. Dickinson</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>04/02/04</u>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE D NAME O'DONNELL, ELIZABETH M STREET ADDRESS ONE JOHN ANDERSON DRIVE #519 CITY-ST-ZIP ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	TITLE D NAME DECKER, ELEANOR W STREET ADDRESS 45 JASMINE DRIVE CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME DICKINSON, CARL W STREET ADDRESS 8 TANGLEWOOD CT CITY-ST-ZIP PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE D NAME DICKINSON, CARL W STREET ADDRESS 7 VILLAGE VIEW WAY CITY-ST-ZIP PALM COAST, FL 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE V NAME DECKER, ELEANOR W STREET ADDRESS 45 JASMINE CITY-ST-ZIP PALM COAST, FL 32137	<input type="checkbox"/> Delete	TITLE V NAME DECKER, ELEANOR W STREET ADDRESS 45 JASMINE CITY-ST-ZIP PALM COAST, FL 32137	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S, T NAME O'DONNELL, ELIZABETH M. STREET ADDRESS ONE JOHN ANDERSON DR. #519 CITY-ST-ZIP ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete	TITLE S, T NAME O'DONNELL, ELIZABETH M. STREET ADDRESS ONE JOHN ANDERSON DR. #519 CITY-ST-ZIP ORMOND BEACH, FL 32176	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify 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 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: <u><i>Carl W. Dickinson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>04/02/04</u> Daytime Phone # <u>(386) 446-2117</u>	

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