2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 16, 2006 08:00 AM Secretary of State DOCUMENT # S04235 1. Entity Name MATCHETT & SON LP GAS, INC. Principal Place of Business Mailing Address 1420 HWY. 20 ROUTE 2 BOX 36 INTERLACHEN FL 32148 1420 HWY 20 WEST INTERLACHEN FL 32148 2. Principal Place of Business 3. Mailing Address Suite, Apt. if, etc. Suite, Apt. #, etc. tst MOORE GRZE034 (10/05) City & State City & State 4. FEI Number Applied For 59-3041749 Not Applie Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATCHETT, ROGER DELL 1420 HWY 20 W. Street Address (P.O. Box Number is Not Acceptable) INTERLACHEN FL 32148 City 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 accethe obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fee Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Oelete HILE ☐ Change ☐ Am U00000468904 NAME MATCHETT, ROGER DELL NAME 03/25/06-80007-012 150.00 STREET ADDRESS STREET ACCRESS 1420 HWY 20 WEST CUTY-ST-ZIP INTERLACHEN FL 32148 CITY-ST-ZIP TITLE ☐ Delete **T134** F ☐ Change ☐ / / NAME MAME STREET ADDRESS STITLET ADDRESS CHY-ST-ZIP CITY-ST-IIP TITLE ☐ Delete TITLE Change □ Ait' MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP SSLE ☐ Change ☐ Defete BILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change □ A4: NAME NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Delete TITLE SILE □ Adm ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 path; that I am an officer or directly 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 1 if changed, or on an attachment with an address, with all other like empowered.

FILED

3-13-06 386-684-2122