

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S63507

FILED
May 01, 2006
Secretary of State

Entity Name: AA BOTTLED GAS COMPANY, INC.

Current Principal Place of Business:

12601 N MAIN ST
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P O BOX 26008
JACKSONVILLE, FL 32226 US

New Mailing Address:

FEI Number: 59-3071179 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, JOHN E. III
15845 E. DUVAL RD
JACKSONVILLE, FL 32218 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: THIGPEN, EDDIE G
Address: 12601 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32218

Title: ST () Delete
Name: SHERRY, TISON
Address: 12601 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32218

Title: P () Delete
Name: PINKSTAFF, DAVID
Address: 15845 DUVAL ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: PINKSTAFF, TERESA C
Address: 15845 DUVAL ROAD
City-St-Zip: JACKSONVILLE, FL

Title: VP () Delete
Name: ROGERS, LARRY
Address: 12601 N MAIN ST
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PINKSTAFF, DAVID
Address: 12601 N MAIN STREET
City-St-Zip: JACKSONVILLE, FL 32218

Title: S (X) Change () Addition
Name: PINKSTAFF, TERESA C
Address: 12601 N MAIN STREET
City-St-Zip: JACKSONVILLE, FL

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: SHERRY TISON

ST

05/01/2006

Electronic Signature of Signing Officer or Director

_____ Date