

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Apr 04, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # V02084**

1. Entity Name  
SEBRING GAS SYSTEM, INC.



Principal Place of Business

3515 US HWY. 27, SOUTH  
SEBRING, FL 33870-5452

Mailing Address

3515 US HWY. 27, SOUTH  
SEBRING, FL 33870-5452



03292005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3099642

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MELENDY, JERRY H., JR.  
3515 US HWY 27 SOUTH  
SEBRING, FL 33870

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 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  
DP  
MELENDY, JERRY H., SR.  
912 W. MAIN ST.  
WAUCHULA, FL 33873

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DST  
MELENDY, KATHRYN C.  
912 W. MAIN ST.  
WAUCHULA, FL 33873

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DV  
MELENDY, JERRY H., JR.  
2120 LAKE JOSEPHINE DR.  
SEBRING, FL 33875

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000287300  
04/04/05-80063-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry H. Melendy Jr. 3-31/05 863-385-0194

Date

Daytime Phone #