2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # V02084

 Entity Name SEBRING GAS SYSTEM, INC.

FILED
Jan 12, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

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

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



01092007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3099642

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

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

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			IN THIS SPACE		
8. The above the obligat	named entity submits this statement for the palons of registered agent. Signature, typed or printed name of registered agent and title in		d Agent signature required when reinstating)	oth, in the State of Florida. I am familia	r with, and accept
FIL After Ma	E NOW!!! FEE IS \$150.00 By 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		000000585184 01/12/07-80067-010	150.00
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT DP MELENDY, JERRY H., SR. 912 W. MAIN ST. WAUCHULA, FL 33873	TORS			
TITLE NAME Street address City-St-Zip	DST MELENDY, KATHRYN C. 912 W. MAIN ST. WAUCHULA, FL 33783				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MELENDY, JERRY H., JR. 2120 LAKE JOSEPHINE DR. SEBRING, FL 33875		DO	NOT WRITE	
TITLE Name Street address City-St-Zip			IN THIS SPACE		
TITLE NAME					

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 ampowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed on the appropriate that an address with all other like empowered.

SIGNATURE

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MONAYURE AND TYPED OR FRINTED HAME OF SIGNING OFFICER OR DIRECTOR

TC5/19

862-385-0194

Daytime Phone #