

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 415122

Entity Name: TRU-GAS OF FLORIDA, INC.**Current Principal Place of Business:**ARROWOOD MANUFACTURED HOME COMM.
3500 FELL ROAD
WEST MELBOURNE, FL 32901**Current Mailing Address:**P.O. BOX 429
LA CROSSE, WI 54602-0429**FEI Number:** 59-1443725**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MORRIS, SHEREE
3500 FELL ROAD
WEST MELBOURNE, FL 32901 US*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

Officer/Director Detail :

Title	T
Name	LINTON, RICHARD A
Address	108 CALLA COURT
City-State-Zip:	ONALASKA WI 54650

Title	PDC
Name	SENTY, JAMES A
Address	853 COUNTRY CLUB LANE
City-State-Zip:	ONALASKA WI 54650

Title	S
Name	HISER, VONA J
Address	862 ASPEN VALLEY DR
City-State-Zip:	ONALASKA WI 54650

Title	D
Name	SHEA, JEREMY C
Address	7304 CEDAR CREEK TRAIL
City-State-Zip:	MADISON WI 53717

Title	VD
Name	SENTY, PAUL J
Address	7633 HIDDEN SAVANNAH CT
City-State-Zip:	VERONA WI 53593

Title	AS
Name	MORRIS, SHEREE A
Address	311 SIXTH AVENUE
City-State-Zip:	MELBOURNE BEACH FL 32951

I hereby 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 all other like empowered.

SIGNATURE: RICHARD A LINTON**TREASURER****02/11/2013**

Electronic Signature of Signing Officer/Director Detail

Date