



City of Clyde

February 15, 2005

Public Utilities Commission of Ohio
180 East Broad Street
Columbus, OH 43215-3793

PUCO

RECEIVED - DOCKETING DIV
2005 MAR - 4 PM 4: 14

Re: Natural Gas Aggregation Annual Report for 2004

Dear Commission:

Transmitted herein please find the original copy of the above referenced Annual Report.

Sincerely,

DANIEL E. WEAVER
City Manager

ss

cc: Report copy – Ohio Consumers Counsel
Report copy – Mr. Bon Simmers, AMPO, Inc.
file

RECEIVED

FEB 18 2004

PUCO FISCAL

COMPETITIVE RETAIL NATURAL GAS SERVICE PROVIDERS

For the provision of (check all that apply):

- RETAIL NATURAL GAS SUPPLIER
 RETAIL NATURAL GAS MARKETER
 RETAIL NATURAL GAS BROKER
 RETAIL NATURAL GAS AGGREGATOR
 OTHER (Describe):

ANNUAL REPORT

OF

CITY OF CLYDE, OHIO

222 NORTH MAIN STREET
Address

CLYDE
City

SANDUSKY
County

OHIO
State

43410
Zip Code

419 547-6898

Phone: (Area Code) Number

222 NORTH MAIN STREET, CLYDE, OHIO 43410
(Address of principal business office at end of year)

TO THE

PUBLIC UTILITIES COMMISSION OF OHIO



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FEB 18 2004
PUCO FISCAL

FOR THE

YEAR ENDED DECEMBER 31, 2004

Name, title, address, e-mail address and telephone number (including area code) of the person to be contacted concerning this report.

DAN WEAVER, CITY MANAGER, 222 NORTH MAIN STREET, CLYDE, OHIO 43410 dweaver@clydeohio.com,
419 547-6898

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GENERAL INSTRUCTIONS, DEFINITIONS, ETC.

Please read the general instructions carefully before filling out this form:

1. The word "Respondent" in the following inquiries means the person, firm, association, or company in whose behalf the report is made.
2. The schedules and questions contained in this report were developed to be generally applicable to all competitive telecommunication service providers. All instructions shall be followed and each question answered as fully and accurately as possible. Sufficient answers shall appear to show that no schedule, question, or line item has been overlooked.
3. If answers to an inquiry are given elsewhere in the report, incorporation of the information by reference is sufficient.
4. Customary abbreviations may be used except that the exact name of the respondent shall be shown in full on the "Title Page" and in the "Verification" page.
5. Where the space provided is insufficient for the required data or it is necessary or desirable to insert additional statements or schedules, the insert pages shall show the number and title of the schedule to which it pertains, as well as the name of the respondent and the year covered, and shall be on 8 1/2" x 11" durable paper.
6. The information required with respect to any statement furnished is the minimum requirement. The respondent may add such further material information as is necessary to ensure that the required statements are not misleading.
7. All copies filed with the Commission must be legible and permanent. All entries shall be made in permanent ink or by a typewriter. Items of a reverse or contrary character shall be enclosed in parentheses, or indicated by a minus sign followed by the amount.
8. The annual report shall be signed by a duly elected officer of the respondent and it shall be notarized.

Instructions:

Schedule 1 is used for PUCO annual assessment purposes pursuant to Section 4905.10, RC. The reporting company shall maintain supporting and/or subsidiary records to separately record revenues derived from total operations and from its Ohio intrastate operations. Information presented herein is subject to audit by the PUCO.

For the purpose of this report, sales of natural gas are deemed to occur at the meter of a retail customer.

SCHEDULE: 1

STATEMENT OF INTRASTATE GROSS EARNINGS (REVENUE)			
		Sales (Mcf)	Earnings (\$)
1	Natural Gas Sales		
	Mercantile		
	Non-Mercantile		
	Other		
2	Total Natural Gas Sales	0	0
3	All Other Intrastate Gross Earnings		
4	Total		0

AGGREGATION SUPPLIER - SHELL ENERGY, HOUSTON, TEXAS

SCHEDULE: 2

IN ORDER TO ENSURE THAT PUCO CORRESPONDENCE IS DIRECTED TO THE APPROPRIATE PERSON AT THE CORRECT ADDRESS, PLEASE COMPLETE THE FOLLOWING.

**Name, Title, Address, and Phone Number of the Company's Contact Persons
to Receive Entries and Orders from the Docketing Division**

DAN WEAVER CITY MANAGER
Name Title

222 NORTH MAIN STREET, CLYDE, OHIO 43410
Address

419 547-6898
Phone Number (Including Area Code)

**Name, Title, Address, and Phone Number of Person to whom Invoice
should be Directed**

SAME
Name Title

Address

Phone Number (Including Area Code)

Name and Address of the President

NINA PASCUA MAYOR
Name President

222 NORTH MAIN STREET, CLYDE, OHIO 43410
Address

VERIFICATION

The foregoing report must be verified by the President or Chief Officer of the company. The oath required may be taken before any person authorized to administer an oath by the laws of the State in which the same is taken.

OATH

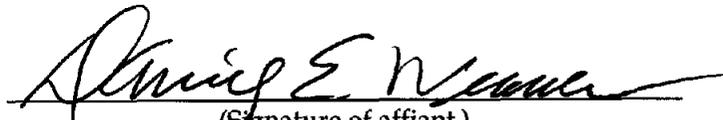
State of OHIO _____
County of SANDUSKY _____

DANIEL E. WEAVER, _____ makes oath and says that
(Insert here the name of the affiant.)

He is the CITY MANAGER _____
(Insert here the official title of deponent)

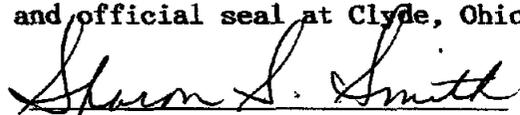
of CITY OF CLYDE _____
(Insert here the exact legal title or name of the respondent.)

that he has examined the foregoing report; that to the best of his knowledge, information, and belief, all statements of fact contained in the said report are true and the said report is a correct statement of the business and affairs of the above-named respondent in respect to each and every matter set forth therein during the period from and including January 1, __, 2004__, to and including December 31, __, 2004__.


(Signature of affiant.)

Before me, a Notary Public, in and for said County and State, personally appeared the above named Daniel E. Weaver, who acknowledged that he did sign the foregoing Oath and that the same is his free act and deed.

In testimony whereof, I have hereunto set my hand and official seal at Clyde, Ohio this 15th day of February, 2005.



Sharon S. Smith
Notary Public, State of Ohio
My Commission Expires May 1, 2006