



Department of Environmental Protection

Division of Air Resources Management

ANNUAL OPERATING REPORT FOR AIR POLLUTANT EMITTING FACILITY

See Instructions for Form No. 62-210.900(5)

I. FACILITY REPORT

A. REPORT INFORMATION

1. Year of Report <p style="text-align: center;">2007</p>	2. Number of Emissions Units in Report <p style="text-align: center;">17</p>
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B. FACILITY INFORMATION

1. Facility ID <p style="text-align: center;">0970014</p>	2. Facility Status <p style="text-align: center;">ACTIVE</p>	3. Date of Permanent Facility Shutdown
4. Facility Owner/Company Name <p style="text-align: center;">FLORIDA POWER CORPORATION D/B/A PROGRESS</p>		
5. Site Name <p style="text-align: center;">INTERCESSION CITY PLANT</p>		
6. Facility Location Street Address or Other Locator: 6525 Osceola Polk Cnty Line Rd City: INTERCESSION CITY County: OSCEOLA Zip Code: 33848		
7. Facility Compliance Tracking Code <p style="text-align: center;">A</p>	8. Governmental Facility Code <p style="text-align: center;">0</p>	9. Facility SIC(s) <p style="text-align: center;">4911</p>
10. Facility Comment <p style="text-align: center;">ELECTRIC GENERATING PLANT</p>		

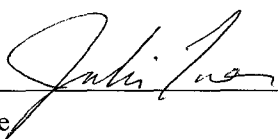
C. FACILITY HISTORY INFORMATION

1. Change in Facility Owner/ Company Name During Year?	Previous Name	2. Date of Change
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D. OWNER/CONTACT INFORMATION

1. Owner or Authorized Representative		
Name and Title JULIE TURNER PLANT MANAGER, INTERCESSION CITY		
Mailing Address Organization/Firm: FLORIDA POWER CORPORATION D/B/A PROGRESS ENERGY, FLORIDA INC. Street Address: 6525 OSCEOLA-POLK LINE ROAD City: INTERCESSION CITY State: FL Zip Code: 33848		
Telephone: (407) 679-3020	Ext.	Fax:
Email (optional):		
2. Facility Contact		
Name and Title DAVE K. MEYER SENIOR ENVIRONMENTAL SPECIALIST		
Mailing Address Organization/Firm: FLORIDA POWER CORPORATION D/B/A PROGRESS ENERGY, FLORIDA INC. Street Address: P.O. BOX 14042, MAC PEF 903 City: ST. PETERSBURG State: FL Zip Code: 33733 - 4042		
Telephone: (727) 820-5295	Ext.	Fax: (727) 820-5229
Email (optional):		

E. OWNER OR AUTHORIZED REPRESENTATIVE STATEMENT

I hereby certify that the information given in this report is correct to the best of my knowledge.	
Signature 	Date <u>2/28/08</u>