

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90378 035 \*\*\*150.00

**DOCUMENT # 119792**

1. Entity Name  
FLORIDA PUBLIC UTILITIES COMPANY



Principal Place of Business  
401 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH, 33401-5807 US

Mailing Address  
P.O. 3395  
WEST PALM BEACH, FL 33402-3395 US

**60024440**



03222006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0539080		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
ENGLISH, J.T. 401 SOUTH DIXIE HIGHWAY WEST PALM BEACH, FL 33401				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL			
				Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ENGLISH, J.T.			NAME	HUDSON, D.S. III		
STREET ADDRESS	401 S. DIXIE HIGHWAY			STREET ADDRESS	401 S. DIXIE HIGHWAY		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE	CFTS	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BACHMAN, G.M.			NAME	MASCHMEYER, T.W. JR.		
STREET ADDRESS	401 S. DIXIE HIGHWAY			STREET ADDRESS	401 S. DIXIE HIGHWAY		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP	WEST PALM BEACH, FL 33401		
TITLE	COOV	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEIN, C. L.			NAME			
STREET ADDRESS	401 S. DIXIE HWY.			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HITCHINS, R.C.			NAME			
STREET ADDRESS	401 S. DIXIE HIGHWAY			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TERRY BENOIT, ELLEN			NAME			
STREET ADDRESS	401 S DIXIE HWY			STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MADDOCK, P. L. JR.			NAME			
STREET ADDRESS	401 S DIXIE HIGHWAY			STREET ADDRESS			
CITY-ST-ZIP	W. PALM BEACH, FL			CITY-ST-ZIP			

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 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: George M. Bachman GEORGE M. BACHMAN 03/24/2006 (561) 838-1731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #