## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 26, 2005 8:00 am Secretary of State **DOCUMENT # 208839** 1. Entity Name 04-26-2005 90141 029 \*\*\*158.75 NORMANDY VILLAGE UTILITY CO. Principal Place of Business Mailing Address 7800 DELAROCHE DR 1702 LINDSEY RD JACKSONVILLE FL 32221 JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address 1800 DELAROCHE Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-6066966 JACKSON VILLE Not:Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 32210 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAABER, A.R. Street Address (P.O. Box Number is Not Acceptable) 112 WEST ADAMS ST, STE 1603 JACKSONVILLE FL 32202 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MSD TITLE Defete TITLE ☐ Change ☐ Addition NAME LETIEN, DOROTHY E NAME STREET ADDRESS 8091 LOURDES DR S STREET ADDRESS JACKSONVILLE FL CITY-ST-7IP CITY-ST-7iP TITLE DV Delete DIRECTOR TITLE ☐ Change Addition A CRENSHAW, BJ. DECEASED AGNES R. OAKLEY NAME MAME 1935 LIMOBES BRIVE STREET ADDRESS 7811-LEMANS-DR-STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP JACKSONUILLE, FL. 32210 TITLE ☐ Delete TITLE Change ☐ Addition NAME LIVENGOOD, E.F. NAME STREET ADDRESS 2139 PATOU DR WEST STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32210 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition GMUCA, RF NAME NAME 8209 BAZAINE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL CITY-ST-ZIP TITLE ☐ Delete ☐ Chapne ☐ Addition LEVEROCK, R.E. NAME 2042 MONTEAU DR STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32210 CITY-ST-ZIP CITY-ST-7IP ☐ Detete TITLE ☐ Change ☐ Addition STUDY, NORMAN D NAME NAME 4631 MAGILL RD

FILED

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

CITY-ST-7IP

SIGNATURE: Derathy & Detres	DOROTHY E. LETIEN	4-19-05	(904) 781-1194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

STREET ADORESS

CITY-ST-7IP

JACKSONVILLE FL