

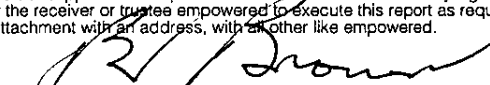


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90066 037 ****61.25

DOCUMENT # 715080					
1. Entity Name SOUTH WALTON UTILITY COMPANY, INC.					
Principal Place of Business 79 SCENIC GULF DR. MIRAMAR BEACH, FL 32550 US			Mailing Address 79 SCENIC GULF DR. MIRAMAR BEACH, FL 32550 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ANCHORS, C LEDON 909 MAR WALT DRIVE, SUITE 1014 FT WALTON BEACH, FL 32548				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 _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CREEL, KEN			NAME	Berberich, Bill
STREET ADDRESS	100 SEASCAPE DRIVE #63 B			STREET ADDRESS	1526 Island Green
CITY-ST-ZIP	DESTIN, FL 32550			CITY-ST-ZIP	Destin, FL 32550
TITLE	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, BILL V			NAME	
STREET ADDRESS	5294 TIVOLI DRIVE			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENT, JOHN			NAME	
STREET ADDRESS	1252 DEERWOOD			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32550			CITY-ST-ZIP	
TITLE	SD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, MICHAEL			NAME	
STREET ADDRESS	11176 HIGHWAY 98 WEST			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32550			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGILL, JACK			NAME	
STREET ADDRESS	501 MAGNOLIA PLACE			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32550			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNT, MICHAEL			NAME	
STREET ADDRESS	204 BAYSHORE DRIVE			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL 32550			CITY-ST-ZIP	
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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.					
SIGNATURE: 				Date _____	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # _____	