


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2005 8:00 am**  
**Secretary of State**

01-20-2005 90030 042 \*\*\*\*61.25

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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		4. FEI Number 59-1673712	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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
NAME	CREEL, KEN			NAME	Bill Berberich
STREET ADDRESS	100 SEASCAPE DRIVE #63 B			STREET ADDRESS	1526 Island Green
CITY-ST-ZIP	DESTIN, FL 32550			CITY-ST-ZIP	Miramamar Beach, FL 32550
TITLE	PD	<input type="checkbox"/> Delete		TITLE	
NAME	BROWN, BILL V			NAME	
STREET ADDRESS	5294 TIVOLI DRIVE			STREET ADDRESS	
CITY-ST-ZIP	DESTIN, FL			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
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	
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	
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	
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 all other like empowered.					
SIGNATURE: <i>Katy E. DeBorja</i>				Date: 1/18/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: 850.837.2988	