

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90382 004 ****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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

04112007 Chg-NP CR2E037 (12/06)

4. FEI Number
 59-1673712 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



6. Name and Address of Current Registered Agent
 ANCHORS, C LEDON
 909 MAR WALT DRIVE, SUITE 1014
 FT WALTON BEACH, FL 32548

7. Name and Address of New Registered Agent
 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, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD CREEL, KEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	100 SEASCAPE DRIVE #63 B	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE NAME	D BROWN, DAVE	<input type="checkbox"/> Delete
STREET ADDRESS	746 BAYSHORE DRIVE	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE NAME	D BERBERICH, BILL	<input type="checkbox"/> Delete
STREET ADDRESS	1526 ISLAND GREEN	
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550	
TITLE NAME	SD RICHARDSON, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	11176 HIGHWAY 98 WEST	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE NAME	TD MCGILL, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	501 MAGNOLIA PLACE	
CITY-ST-ZIP	DESTIN, FL 32550	
TITLE NAME	VD FLYNT, MICHAEL	<input type="checkbox"/> Delete
STREET ADDRESS	204 BAYSHORE DRIVE	
CITY-ST-ZIP	DESTIN, FL 32550	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D Ray Kinard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	239 Wekiva Cove	
CITY-ST-ZIP	Destin, FL 32541	
TITLE NAME	D Bill McQuillan	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	218 Buck Road	
CITY-ST-ZIP	Santa Rosa Beach, FL	
TITLE NAME	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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 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: Keta Dubey Peter E. DeBorja 4/16/07 850-837-2988

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