## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J83867

Entity Name: ST. JOE UTILITIES COMPANY

FILED Apr 22, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32202 US **Current Mailing Address: New Mailing Address:** 245 RIVERSIDE AVENUE SUITE 500, ATTN: LEGAL DEPT. JACKSONVILLE, FL 32202 FEI Number: 59-2841388 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARX, CHRISTINE M 245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32202 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition Name: REGAN, MICHAEL N Name: 245 RIVERSIDE AVENUE, SUITE 500 Address: Address: City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: DV Title: Title: () Delete () Change () Addition Name: TILLIS, DAVID G Name: 245 RIVERSIDE AVENUE Address: Address: JACKSONVILLE, FL 32202 US City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition PAINE, LAWRENCE MARX, CHRISTINE M Name: Name: 245 RIVERSIDE AVENUE 245 RIVERSIDE AVENUE Address: Address: JACKSONVILLE, FL 32202 US City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: Title: () Delete Title: () Change () Addition WHITLATCH, SUSAN G Name: Name: Address: 245 RIVERSIDE AVENUE, SUITE 500 Address: City-St-Zip: JACKSONVILLE, FL 32202 US City-St-Zip: Title: Title: ( ) Change (X) Addition () Delete SOLOMON, STEPHEN W Name: Name: Address: 245 RIVERSIDE AVE SUITE 500 Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202 Title: () Delete Title: ( ) Change (X) Addition GREENHUT, MIRIAM Name: Name: 245 RIVERSIDE AVE SUITE 500 Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN G. WHITLATCH AS 04/22/2004

DAVID F. CHILDERS III, ASST. TREASURER 245 RIVERSIDE AVE SUITE 500 JACKSONVILLE, FL 32202