


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000004497	
1. Entity Name TROPICAL ISLES UTILITIES CORPORATION	

Principal Place of Business 281 TROPICAL ISLES CIRCLE FT PIERCE, FL 34982	Mailing Address 281 TROPICAL ISLES CIRCLE FT PIERCE, FL 34982
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01062004 No Chg-NP CR2E037 (10/03)

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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHACKET, ROGER
 281 TROPICAL ISLES CIRCLE
 FT PIERCE, FL 34982

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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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHACKET, ROGER 281 TROPICAL ISLES CIRCLE FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOUGH, LOUIS G 491 THAMES BLUFF RIDGE FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKEL, DONNA M 240 OLD KEY WEST PLACE FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSATO, JULIUS 210 SANDY BOTTOM PLACE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVOE, FREDRIC 5670 HEMINWAY COURT FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/13/04-80059-018 61.25

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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: Roger Shacket Roger Shacket 1-6-04 772-468-4968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #