


2008

CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90393 017 ***150.00

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|--|----------------------|--|---|---|--|
| DOCUMENT # N08000009343 | | | |  | |
| 1. Entity Name NORTH KEY LARGO UTILITY CORP. | | | | | |
| Principal Place of Business 35 OCEAN REEF DRIVE SUITE 220 KEY LARGO, FL 33037 | | | Mailing Address 24 DOCKSIDE LANE #512 KEY LARGO, FL 33037 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04232008 Chg-P CR2E034 (12/06) | |
| City & State | | City & State | | 4. FEI Number 65-0545336 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent JENKINS, JOHN R P.A. ROSE, SUNDBSTROM & BENTLEY 2548 BLAIRSTONE PINES DR. TALLAHASSEE, FL 32301 | | | 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | V | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | OELTJEN, JEFFREY | | NAME | DiSabatino, Eugene | |
| STREET ADDRESS | 2002 SE 17TH AVE | | STREET ADDRESS | 24 Thatch Palm Way, Key Largo, FL 33037 | |
| CITY-ST-ZIP | HOMESTEAD, FL 33035 | | CITY-ST-ZIP | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RITZ, DAVID C | | NAME | Harrington, Ronald G. | |
| STREET ADDRESS | 70 N BOUNTY LANE | | STREET ADDRESS | 13 Sail Point Lane, Key Largo, FL 33037 | |
| CITY-ST-ZIP | KEY LARGO, FL 33037 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | OLCOTT, EMERY | | NAME | Walmsley, Douglas A. | |
| STREET ADDRESS | 09 CARD SOUND RD | | STREET ADDRESS | 42 Lakeside Lane Unit B, Key Largo, FL 33037 | |
| CITY-ST-ZIP | KEY LARGO, FL 33037 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ASTBURY, PAUL | | NAME | Techet, Steven | |
| STREET ADDRESS | 405 SOUTH HARBOR DR | | STREET ADDRESS | 06 Channel Cay Rd., Key Largo, FL 33037 | |
| CITY-ST-ZIP | KEY LARGO, FL 33037 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SMITH, MIKE | | NAME | Sutfin, John S. | |
| STREET ADDRESS | 24 CINNAMON BARK | | STREET ADDRESS | 64 Sunset Cay Rd., Key Largo FL 33037 | |
| CITY-ST-ZIP | KEY LARGO, FL 33037 | | CITY-ST-ZIP | | |
| TITLE | C | <input type="checkbox"/> Delete | TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GILBERT, BRUCE | | NAME | Ford Franklin III | |
| STREET ADDRESS | 422 SOUTH HARBOUR DR | | STREET ADDRESS | 35 Ocean Reef Dr. Ste 220, Key Largo | |
| CITY-ST-ZIP | KEY LARGO, FL 33037 | | CITY-ST-ZIP | FL 33037 | |
| 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 607, 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: <u><i>D. C. Oeltjen, President 4/25/08</i></u> Date _____ Daytime Phone # _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |