

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2006  
Secretary of State**

DOCUMENT# N99000001910

Entity Name: SUNSET BEACH/300 OCEAN MILE UTILITY COOPERATIVE, INC.

**Current Principal Place of Business:**

431 WAVERLY RD.  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

**Current Mailing Address:**

431 WAVERLY RD.  
TALLAHASSEE, FL 32312

**New Mailing Address:**

FEI Number: 59-3576845      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ISAACS, DAN L  
431 WAVERLY RD.  
TALLAHASSEE, FL 32312      US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: WYNOT, ED  
Address: 431 WAVERLY RD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: VD      ( ) Delete  
Name: SPOHRER, HELEN  
Address: 431 WAVERLY RD.  
City-St-Zip: TALLAHASSEE, FL 32312

Title: STD      ( ) Delete  
Name: ISAACS, DAN  
Address: 431 WAVERLY RD.  
City-St-Zip: TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D      (X) Change ( ) Addition  
Name: MOORE, BILL  
Address: P.O. BOX 40089  
City-St-Zip: ATLANTA, GA 30909

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN ISAACS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

D

04/30/2006

\_\_\_\_\_  
Date