

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101696

FILED
May 09, 2005
Secretary of State

Entity Name: COLONIAL MANOR UTILITY COMPANY

Current Principal Place of Business:

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 398
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

4939 CROSS BAYOU BOULEVARD
NEW PORT RICHEY, FL 34652 US

FEI Number: 20-0228524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PENICK, VICTORIA
5525 BERKLEY ROAD
NEW PORT RICHEY, FL 34652 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D, P () Delete
Name: DEREMER, GARY A
Address: 5320 CAPTAINS COURT
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VP () Delete
Name: DELCHER, CECIL R
Address: 11702 FOREST HILLS DRIVE
City-St-Zip: TAMPA, FL 33612 US

Title: S,T () Delete
Name: PENICK, VICTORIA
Address: 5525 BERKLEY ROAD
City-St-Zip: NEW PORT RICHEY, FL 34652 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: VICTORIA PENICK

VP

05/09/2005

Electronic Signature of Signing Officer or Director

Date