

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90066 046 \*\*\*150.00

**DOCUMENT # 119792**

1. Entity Name

**FLORIDA PUBLIC UTILITIES COMPANY**



Principal Place of Business

**401 SOUTH DIXIE HIGHWAY  
 WEST PALM BEACH 33401-5807  
 US**

Mailing Address

**P.O. 3395  
 WEST PALM BEACH FL 33402-3395  
 US**

**20022655**



1st MOORE CR2E034 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-0539080**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ENGLISH, J.T.  
 401 SOUTH DIXIE HIGHWAY  
 WEST PALM BEACH FL 33401**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee Will Be \$550.00  
 Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
 Trust Fund Contribution.

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	ENGLISH, J.T.	
STREET ADDRESS	401 S. DIXIE HIGHWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	CFTS	<input type="checkbox"/> Delete
NAME	BACHMAN, G.M.	
STREET ADDRESS	401 S. DIXIE HIGHWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	COOV	<input type="checkbox"/> Delete
NAME	STEIN, C. L.	
STREET ADDRESS	401 S. DIXIE HWY.	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HITCHINS, R.C.	
STREET ADDRESS	401 S. DIXIE HIGHWAY	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	BROWN, J. R.	
STREET ADDRESS	400 S. DIXIE HIGHWAY	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MADDOCK, P. L. JR.	
STREET ADDRESS	401 S DIXIE HIGHWAY	
CITY-ST-ZIP	W. PALM BEACH FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLEN TERRY BENOIT	
STREET ADDRESS	401 S. DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUDY E. SCHUPP	
STREET ADDRESS	401 S. DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**ENTERED  
 FEB 08 2005**

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 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:

*George M. Bachman* CFO  
 George M. Bachman, Chief Financial Officer

1/31/05

561-838-1770

Date

Daytime Phone #