


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90016 004 ***150.00

DOCUMENT # 119792

1. Entity Name
FLORIDA PUBLIC UTILITIES COMPANY



Principal Place of Business Mailing Address

401 SOUTH DIXIE HIGHWAY **P.O. 3395**
WEST PALM BEACH, 33401-5807 US **WEST PALM BEACH, FL 33402-3395 US**

4003003



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03262007 Chg-P CR2E034 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For

59-0539080 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| 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 | D | <input type="checkbox"/> Delete |
| NAME | TERRY BENOIT, ELLEN | |
| STREET ADDRESS | 401 S DIXIE HWY | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MADDOCK, P. L. JR. | |
| STREET ADDRESS | 401 S DIXIE HIGHWAY | |
| CITY-ST-ZIP | W. PALM BEACH, FL | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HUDSON, D.S. III | |
| STREET ADDRESS | 401 S. DIXIE HIGHWAY | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MASCHMEYER, T.W. JR | |
| STREET ADDRESS | 401 S. DIXIE HIGHWAY | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | |
| TITLE | TS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BACHMAN, G.M. | |
| STREET ADDRESS | 401 S. DIXIE HIGHWAY | |
| CITY-ST-ZIP | WEST PALM BEACH, FL 33401 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEIN, C.L. | |
| STREET ADDRESS | 401 S. DIXIE HIGHWAY | |
| 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 | | |

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: _____ Date: _____ Daytime Phone #: **561-838-1731**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR