


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2004 8:00 am**  
**Secretary of State**

05-04-2004 90197 001 \*\*\*158.75

<b>DOCUMENT # 208839</b>		
1. Entity Name NORMANDY VILLAGE UTILITY CO.		
Principal Place of Business 7800 Delaroché Drive Jacksonville, Florida 32210 USA	Mailing Address 1702 LINDSEY RD JACKSONVILLE, FL 32221 US	



04172004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6066966	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  SHAABER, A.R. 112 WEST ADAMS ST, STE 1603 JACKSONVILLE, FL 32202	<b>DO NOT WRITE IN THIS SPACE</b>
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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 revisiting) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MSD LETIEN, DOROTHY E 8091 LOURDES DR S JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRENSHAW, B J 7811 LEMANS DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LIVENGOD, E.F. 2139 PATOU DR WEST JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GMUCA, R F 8209 BAZAINE DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVEROCK, R.E. 2042 MONTEAU DR JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT STUDY, NORMAN D 4631, MAGILL RD JACKSONVILLE, FL

**DO NOT WRITE IN THIS SPACE**

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: *Dorothy E. Letien* 4/26/04 (904) 781-1194  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Dorothy E. Letien - Corporate Secretary / Managing Director