2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # 208839

1. Entity Name

NORMANDY VILLAGE UTILITY CO.

Principal Place of Business	Mailing Address
7800 DELAROCHE DR JACKSONVILLE FL 32210 US	1702 LINDSEY RD JACKSONVILLE FL 32221 US

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

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

City & State | City & State

Zip | Country | Zip | Country

1st MOORE CR2E034 (10/07)

4. FEI Number 59-6066966 — Applied For / Not Applicable

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
LETIEN, DENISE L 6219 MAGELLAN RD JACKSONVILLE FL 32222	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 changing) — DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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 MSD ☐ Delete NAME LETIEN, DOROTHY E STREET ADDRESS 8091 LOURDES DR S CITY-ST-ZIP JACKSONVILLE FL		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	U00000948562 06/02/08-80060-016 158.75
TITLE D ☐ Delete NAME OAKLEY, AGNES R STREET ADDRESS 7935 LIMOGES DR CITY-ST-ZIP JACKSONVILLE FL 32210		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME LIVENGOOD, E.F. STREET ADDRESS 2139 PATOU DR WEST CITY-ST-ZIP JACKSONVILLE FL 32210		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE PD ☐ Delete NAME GMUCA, R F STREET ADDRESS 8209 BAZAINE DR CITY-ST-ZIP JACKSONVILLE FL		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE D ☐ Delete NAME LEVEROCK, R.E. STREET ADDRESS 2042 MONTEAU DR CITY-ST-ZIP JACKSONVILLE FL 32210		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE DVT ☐ Delete NAME STUDY, NORMAN D STREET ADDRESS 4631 MAGILL RD CITY-ST-ZIP JACKSONVILLE FL		TITLE ☐ Change ☐ 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 Section 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: Dorothy E. Letien (DOROTHY E. LETIEN) — 4-28-2008 — 904-781-1194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CORPORATION SECRETARY DIRECTOR MANAGER