

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 208839

FILED
Apr 28, 2009
Secretary of State

Entity Name: NORMANDY VILLAGE UTILITY CO.

Current Principal Place of Business:

7800 DELAROCHE DR
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

1702 LINDSEY RD
JACKSONVILLE, FL 32221 US

New Mailing Address:

FEI Number: 59-6066966 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LETIEN, DENISE L
6219 MAGELLAN RD
JACKSONVILLE, FL 32222 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MSD () Delete
Name: LETIEN, DOROTHY E
Address: 8091 LOURDES DR S
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: OAKLEY, AGNES R
Address: 7935 LIMOGES DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: LIVENGOOD, E.F.
Address: 2139 PATOU DR WEST
City-St-Zip: JACKSONVILLE, FL 32210

Title: PD () Delete
Name: G穆CA, R F
Address: 8209 BAZAINE DR
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: LEVEROCK, R.E.
Address: 2042 MONTEAU DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: DVT () Delete
Name: STUDY, NORMAN D
Address: 4631 MAGILL RD
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MSD (X) Change () Addition
Name: LETIEN, DOROTHY E
Address: 8091 LOURDES DR S
City-St-Zip: JACKSONVILLE, FL 32210

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

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

Title: PD (X) Change () Addition
Name: G穆CA, R F
Address: 8209 BAZAINE DR
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: DVT (X) Change () Addition
Name: STUDY, NORMAN D
Address: 4631 MAGILL RD
City-St-Zip: JACKSONVILLE, FL 32219

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: DOROTHY E. LETIEN

MSD

04/28/2009

Electronic Signature of Signing Officer or Director

Date