


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-04-2004 90238 001 \*1,350.00

<b>DOCUMENT # 336151</b> 1. Entity Name MS UTILITIES CORPORATION	
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Principal Place of Business 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435	Mailing Address 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435
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00418673



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

02232004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent  FARR, MARY LOU 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435	
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7. Name and Address of New Registered Agent Name <i>HARRISON CAROL GENERAL MANAGER</i> Street Address (P.O. Box Number is Not Acceptable) <i>Ocean Ridge Management, Inc.</i> <i>6849 North Ocean Blvd.</i> <i>Ocean Ridge, FL 33435</i> City <i>FL</i> Zip Code	
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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. <i>OCEAN RIDGE MANAGEMENT, INC.</i> SIGNATURE <i>Carol Harrison</i> <i>GENERAL MANAGER</i> - 23-04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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STAMP

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>S</i> FARR, MARY LOU 6849 N OCEAN BLVD OCEAN RIDGE, FL 00000, <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>VD</i> YOUNG, DONALD 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> NOLTE, HENRY 6849 N OCEAN BLVD OCEAN RIDGE, FL 00000, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> DAVID, TOD 6849 N OCEAN BLVD OCEAN RIDGE, FL 33435 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>BD</i> GRABNER, GEORGE 6849 N OCEAN BLVD OCEAN RIDGE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SECRETARY</i> <i>ANDRAS, JOAN</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Joan Andras</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<i>JOAN ANDRAS</i> <i>23-04</i> <i>561-737-6770</i> <i>SECRETARY</i> Date Daytime Phone # <i>OCEAN RIDGE MANAGEMENT, INC.</i>
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