

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 360681

1. Entity Name
ALOHA UTILITIES INC



Principal Place of Business

**6915 PERRINE RANCH ROAD
NEW PORT RICHEY, FL 34655-3904 US**

Mailing Address

**6915 PERRINE RANCH ROAD
NEW PORT RICHEY, FL 34655-3904 US**



07192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1299038	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**BAKER, RICHARD W
2535 SUCCESS DRIVE
ODESSA, FL 33556**

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

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	VP SPEER, LYNNDA L 6915 PERRINE RANCH ROAD NEW PORT RICHEY, FL 346553904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WATFORD, STEPHEN 6915 PERRINE RANCH ROAD NEW PORT RICHEY, FL 346553904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS YACOBELLI, PAMELA 6915 PERRINE RANCH ROAD NEW PORT RICHEY, FL 346553904
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**DO NOT WRITE
IN THIS SPACE**

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: *Pamela Yacobelli* **Pamela Yacobelli** 7-19-07 (727) 372-0115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #