

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

03-03-2008 90201 012 \*\*\*150.00

**DOCUMENT # 365392**

1. Entity Name  
**PLACID LAKES UTILITY INC**



Principal Place of Business  
**410 WASHINGTON BLVD., NW  
LAKE PLACID, FL 33852**

Mailing Address  
**410 WASHINGTON BLVD., NW  
LAKE PLACID, FL 33852**

40031020



01042008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-1352141**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BREWER, PEGGY ANN  
410 WASHINGTON BLVD NW  
LAKE PLACID, FL 33852**

**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 \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ELOWKY, LAURA  
STREET ADDRESS 410 WASHINGTON BLVD NW  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE VPSD  
NAME BREWER, PEGGY ANN  
STREET ADDRESS 405 FLAMINGO RD, NE  
CITY-ST-ZIP LAKE PLACID, FL 33852

TITLE TD  
NAME KING, LARRY P  
STREET ADDRESS PO BOX 780459  
CITY-ST-ZIP ORLANDO, FL 328780459

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-28-08