

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 415187

Entity Name: UTILITY SERVICE CO., INC.

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

4326 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

New Principal Place of Business:

Current Mailing Address:

ATTN: CAROLYN SMITH
4326 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563

New Mailing Address:

FEI Number: 59-1431542 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, WILLIAM V
962 GRAND CANAL
GULF BREEZE, FL 32563 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: VD () Delete
Name: LEE, WAYNE E
Address: 134 HIGHPOINT DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: D () Delete
Name: LEE, LOIS A
Address: 134 HIGHPOINT DR.
City-St-Zip: GULF BREEZE, FL 32561

Title: PD () Delete
Name: LEE, WILLIAM V
Address: 962 GRAND CANAL
City-St-Zip: GULF BREEZE, FL 32563

Title: V () Delete
Name: RADFORD, CHARLEY A
Address: 315 NORTH CROW ROAD
City-St-Zip: PENSACOLA, FL 32506

Title: ST () Delete
Name: SMITH, CAROLYN P
Address: 1549 LIBBY LANE
City-St-Zip: GULF BREEZE, FL 32563

Title: D () Delete
Name: LEE, MERRIE J
Address: 1136 NESTLING COURT
City-St-Zip: GULF BREEZE, FL 32563

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: CAROLYN P SMITH

ST

04/23/2008

Electronic Signature of Signing Officer or Director

Date