

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 526747**

1. Entity Name  
**LWW UTILITIES, INC.**



Principal Place of Business

**JAMES A COCHRAN  
7552 CONGRESS STREET SUITE 4  
NEW PORT RICHEY, FL 34653-1106 US**

Mailing Address

**7552-4 CONGRESS ST  
NEW PORT RICHEY, FL 34653 US**

**DO NOT WRITE IN THIS SPACE**



05032004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-1725898**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**WEEKS, JAMES G  
7552-4 CONGRESS ST  
NEW PORT RICHEY, FL 34653**

**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 registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PSTV  
WEEKS, JAMES C  
7552-4 CONGRESS ST  
NEW PORT RICHEY, FL 34653**

TITLE  
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05/05/04-80060-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**May 1 2004**

Date

Daytime Phone #