

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2005 8:00 am
Secretary of State

07-18-2005 90041 006 ***150.00

DOCUMENT # 562227

1. Entity Name
MAD HATTER UTILITY, INC.



Principal Place of Business *2348 Raden Dr.* Mailing Address *2248 Raden Drive*
~~1900 LAND O' LAKES BLVD~~ *Land O' Lakes FL* ~~1900 LAND O' LAKES BLVD~~
~~107~~ *34639* ~~107~~ *34639*
~~LUTZ, FL 33549 US~~ ~~LUTZ, FL 33549 US~~

50055523



07132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1872707** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DO NOT WRITE
IN THIS SPACE**

~~DELUCENAY, JANICE L.~~
~~1900 LAND O' LAKES BLVD STE 107~~
~~LUTZ, FL 33549~~

2348 Raden Drive
Land O' Lakes FL
34639

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
Due by September 7, 2005**

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	PTD DELUCENAY, LARRY G. 22953 HALE ROAD LAND O' LAKES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DELUCENAY, JANICE L. 22953 HALE ROAD LAND O' LAKES, FL
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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:

Janice L. Delucenay
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-05
Date

813-949 2107
Daytime Phone #