



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90032 016 \*\*\*150.00

<b>DOCUMENT # 568845</b> 1. Entity Name <b>RICE CREEK UTILITY COMPANY</b>			
Principal Place of Business <b>3000 GULF TO BAY BLVD 6TH FLOOR CLEARWATER, FL 33759 US</b>		Mailing Address <b>3000 GULF TO BAY BLVD 6TH FLOOR CLEARWATER, FL 33759 US</b>	
2. Principal Place of Business - No P.O. Box # <b>2536 Countryside Blvd</b> Suite, Apt. #, etc. <b>Suite 250</b> City & State <b>Clearwater FL</b> Zip <b>33763</b> Country <b>USA</b>		3. Mailing Address <b>2536 Countryside Blvd</b> Suite, Apt. #, etc. <b>Suite 250</b> City & State <b>Clearwater FL</b> Zip <b>33763</b> Country <b>USA</b>	
			
		03122007 Chg-P CR2E034 (12/06)	
		4. FEI Number <b>37-0857520</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WILDER, MAURICE F. 3000 GULF TO BAY BLVD 6TH FLOOR CLEARWATER, FL 33759</b>		7. Name and Address of New Registered Agent Name <b>Wilder, Maurice F.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2536 Countryside Blvd.</b> Suite <b>Suite 250</b> City <b>Clearwater</b> <b>FL</b> Zip Code <b>33763</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE	PTD WILDER, MAURICE F. <input type="checkbox"/> Delete	TITLE	PDT Wilder, Maurice F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3000 GULF TO BAY BLVD, 6 FL	NAME	2536 Countryside Blvd. Suite 250
STREET ADDRESS	CLEARWATER, FL	STREET ADDRESS	Clearwater, FL 33763
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER, COLBY M	NAME	Wilder, Colby M
STREET ADDRESS	3000 GULF TO BAY BLVD, 6 FL	STREET ADDRESS	2536 Countryside Blvd. Suite 250
CITY-ST-ZIP	CLEARWATER, FL	CITY-ST-ZIP	Clearwater, FL 33763
TITLE	EVP <input type="checkbox"/> Delete	TITLE	EVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARENTENUTO, MARY	NAME	Carentenuto, Mary
STREET ADDRESS	3000 GULF TO BAY BLVD 6TH FL	STREET ADDRESS	2536 Countryside Blvd. Suite 250
CITY-ST-ZIP	CLEARWATER, FL 33759	CITY-ST-ZIP	Clearwater, FL 33763
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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.			
<b>SIGNATURE:</b> _____ Date _____ Daytime Phone # _____			