2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 708772

Entity Name: MOLINO UTILITIES, INCORPORATED

Current Principal Place of Business:

PO BOX 126
MOLINO, FL 32577 US

New Principal Place of Business:

1647 MOLINO RD
MOLINO, FL 32577 US

Current Mailing Address:

PO BOX 126
MOLINO, FL 32577 US

New Mailing Address:

FEI Number: 59-6214326 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GING, ROBERT L
6070 FAIRGROUND ROAD
MOLINO, FL 32577 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GING, ROBERT L
Address: 6070 FAIR BROWN RD.
City-St-Zip: MOLINO, FL 32577

Title: V ( ) Delete
Name: PRATHER, VERNON
Address: 4341 MELINE MEADOWS DR.
City-St-Zip: MOLINO, FL 32577

Title: D ( ) Delete
Name: WEAVER, ARCHIE L
Address: 6300 CHESTNUT ROAD
City-St-Zip: MOLINO, FL 32577

Title: ST ( ) Delete
Name: TERRY, CAROLYN
Address: 855 BERTH RD.
City-St-Zip: MOLINO, FL 32577

Title: D ( ) Delete
Name: WOODWARD, CHARLES
Address: PO BOX 156
City-St-Zip: MOLINO, FL 32577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PRATHER, VERNON
Address: PO BOX 608
City-St-Zip: CANTONMENT, FL 32533

Title: V (X) Change ( ) Addition
Name: GING, ROBERT
Address: 6070 FAIRGROUND RD
City-St-Zip: MOLINO, FL 32577

Title: ST (X) Change ( ) Addition
Name: BROOKS, CHRIS
Address: 1400 ROLLING OAKS DR
City-St-Zip: MOLINO, FL 32577

Title: D (X) Change ( ) Addition
Name: WEAVER, ARCHIE
Address: 6300 CHESTNUT RD
City-St-Zip: MOLINO, FL 32577

Title: D (X) Change ( ) Addition
Name: WALKER, BELINDA
Address: 2300 JACKS BRANCH RD
City-St-Zip: CANTONMENT, FL 32533

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VERNON PRATHER PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date