


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90107 005 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # 709594</b>                           |  |
| 1. Entity Name<br><b>FARM HILL UTILITIES, INC.</b> |   |

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|--|--|
| Principal Place of Business<br><b>120 MADRID RD<br/>CANTONMENT FL 32533<br/>US</b> | Mailing Address<br><b>PO BOX 61<br/>CANTONMENT FL 32533<br/>US</b> |
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|--|--|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip Country |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip Country |  |
|--|--|--|--|

1st MOORE CR2E037 (10/06)

|  |  |  |
|--|--|--|
| 4. FEI Number<br><b>59-1167567</b>   |  | Applied For<br><input type="checkbox"/> Not Applicable   |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                          |  |  |
| 6. Name and Address of Current Registered Agent<br><b>BROWN, PHILIP<br/>106 RITTENBERRY ROAD<br/>CANTONMENT FL 32533</b> |  | 7. Name and Address of New Registered Agent<br>Name <b>Larry Batzloff</b><br>Street Address (P.O. Box Number is Not Acceptable) <b>1559 Silver Ridge Drive</b><br>City <b>Cantonment</b> <b>FL</b> Zip Code <b>32533</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 *Larry Batzloff*

2/1/07

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>BM<br/>WILEY, CLAUDE<br/>256 ANDALUSIA RD<br/>CANTONMENT FL 32533</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>ST<br/>Carl Townson<br/>1049 Muscogee Rd<br/>Cantonment FL 32533</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>ST<br/>STEADHAM, JAMES<br/>1052 WELL LINE ROAD<br/>CANTONMENT FL 32533</b> <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP<br/>CLARK, WADE<br/>1104 ISABELLA ROAD<br/>CANTONMENT FL 32533</b> <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>BM<br/>LAMBERT, RONNIE<br/>2194 W. KINGSFIELD RD<br/>CANTONMENT FL 32533</b> <input type="checkbox"/> Delete          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

*Wade Clark*

03/20/07

(850) 937-0105

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #