2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004
Secretary of State

DOCUMENT# 714278

Entity Name: ST. JOHNS RIVER UTILITY, INC.

Current Principal Place of Business:

23939 SR 40
ASTOR, FL 32102 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 77
ASTOR, FL 32102 US

New Mailing Address:

FEI Number: 59-1412008 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUCAS, CHARLES R
1803 RIVEREDGE DRIVE
ASTOR, FL 32102 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:	VP	( ) Delete
Name:	TRAPPE, EDWARD E	
Address:	22324 BLUE CREEK RD	
City-St-Zip:	ASTOR, FL 32102	
Title:	D	( ) Delete
Name:	LUCAS, CHARLES R.	
Address:	1803 RIVER EDGE DR	
City-St-Zip:	ASTOR, FL 32102	
Title:	P	( ) Delete
Name:	LEE, SUSAN J	
Address:	1601 YELLOW BRICK RD	
City-St-Zip:	ASTOR, FL 32102	
Title:	D	( ) Delete
Name:	HARPER, JAMES R	
Address:	55536 CLAIRE ST	
City-St-Zip:	ASTOR, FL 32102	
Title:	D	( ) Delete
Name:	WILLIAMS, STANLEY,	
Address:	54839 CEDAR CREST RD.	
City-St-Zip:	ASTOR, FL 32102	
Title:	ST	(X) Delete
Name:	ROBINSON, WM D	
Address:	24533 ALLIGATOR RD	
City-St-Zip:	ASTOR, FL 32102	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	P	(X) Change ( ) Addition
Name:	TRAPPE, EDWARD E	
Address:	22324 BLUE CREEK RD	
City-St-Zip:	ASTOR, FL 32102	
Title:	ST	(X) Change ( ) Addition
Name:	LUCAS, CHARLES R	
Address:	1803 RIVER EDGE DR	
City-St-Zip:	ASTOR, FL 32102	
Title:	VP	(X) Change ( ) Addition
Name:	HARNAGE, DARRELL J	
Address:	1315 RED COLT CT	
City-St-Zip:	ASTOR, FL 32102	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	BUSTLE, JOHN W	
Address:	55238 CLAIRE ST	
City-St-Zip:	ASTOR, FL 32102	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EDWARD E. TRAPPE P 03/23/2004
Electronic Signature of Signing Officer or Director — Date