2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 25, 2008 08:00 Al Secretary of State DOCUMENT # F02000001575 1. Entity Name VANGUARD UTILITY SERVICE, INC. Principal Place of Business Mailing Address 1421 W 9TH ST 1421 W 9TH ST OWENSBORO, KY 42301 OWENSBORO, KY 42301 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 30-0040633 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD PLANTATION, FL 33324 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be U000000798491 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE BATES, ROBERT A NAME STREET ADDRESS 5900 HWY, 405 OWENSBORO, KY 42303 CITY-ST-ZIP CEO TITLE BATES ROBERT F NAME STREET ADDRESS 3300 WILSON LN. CITY-ST-ZIP OWENSBORO, KY 42303 TITLE NAME STREET ADDRESS DO NOT WR CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 the 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

NAME STREET ADDRESS CITY-ST-ZIP

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED