

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05434

FILED
Feb 17, 2004
Secretary of State

Entity Name: SQUIRREL POINT UTILITIES CO., INC.

Current Principal Place of Business:

15737 ACORN CIR.
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

15737 ACORN CIR.
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-2254893

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLE, JULIEN
15900 ACORN CIRCLE
TAVARES, FL 32778 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ADAMS, PAM
Address: P.O. BOX 568
City-St-Zip: PLYMOUTH, FL 32768

Title: PD () Delete
Name: FOX, MARK
Address: 15916 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: D () Delete
Name: COVER, DOUGLAS
Address: 15919 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: DS () Delete
Name: LEWIS, PAT
Address: 15710 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: DT () Delete
Name: COLE, JULIEN B
Address: 15900 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BUSCO, LYNNE
Address: 15705 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: JULIEN COLE

DT

02/17/2004

Electronic Signature of Signing Officer or Director

Date