

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05434

FILED
Jan 18, 2006
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: BUSCO, LYNNE
Address: 15705 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: P () Delete
Name: LEWIS, PAT
Address: 15701 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: V () Delete
Name: MINKOFF, SANFORD
Address: 15800 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: S () Delete
Name: PITNER, LORI
Address: 15825 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: MINKOFF, SANFORD
Address: 15800 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: V (X) Change () Addition
Name: FLACK, RICK
Address: 15717 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

Title: S (X) Change () Addition
Name: PITNER, LORETTA
Address: 15825 ACORN CIRCLE
City-St-Zip: TAVARES, FL 32778

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

SIGNATURE: JULIEN B. COLE

T

01/18/2006

Electronic Signature of Signing Officer or Director

Date