2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nar	IMENT_#_FQ6750 UTILITIES, INC.				Secretary of	
Principal Pla	ce of Business	Mailing Address				
710 NE 30TH AVE OCALA FL 34470 US		P.O. BOX 280 SILVER SPRINGS FL 34489 US				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite. Apt. #, etc.			MOORE CR2E034 (11	1/03)
City & State		City & State			4. FEI Number 59-2046604	Applied For Not Applicable
Ζφ	Country	Zip	Count	try	5. Certificate of Status Desired Fee	.75 Additional Required
	6. Name and Address of Current	Registered Agent		<u> </u>	7. Name and Address of New Registered Agen	11
TH	OMPSON TIMOTHY E			Name		
THOMPSON, TIMOTHY E 23664 NE 124 PL RD SALT SPRINGS FL 32634				Street Address (P.O. Box Number is Not Acceptable)		
				City	FL	Zip Code
8. The above the obliga	named entity submits this statement for the name of registered agent.	or the purpose of changing	its registere	d office or register	ed agent, or both in the State of Florida. I am famili	iar with, and accept
DIO. 14-1-26						
SIGNATURE	Signature, typud or printed name of registered egent	and little if applicable (N	OTE: Registered	Agent signature required	when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						
Afte	r May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
Afte	r May 1, 2004 Fee will be \$550.00	f State	11.			Added to Fees
Afte Make Check 10.	r May 1, 2004 Fee will be \$550.00 k Payable to Florida Department o OFFICERS AND	f State	IIILE	1	Trust Fund Contribution.	Added to Fees
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 with an address, with all other the empowered.

SIGNATURE:

NEW AND TYPED OR DOWNTON MANY OF SUCHWAY DESIGNED AND DESCRIPTION

2/14/04/352-622-117

FILED