

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06750

Entity Name: MARION UTILITIES, INC.

FILED  
Feb 18, 2005  
Secretary of State

## Current Principal Place of Business:

710 NE 30TH AVE  
OCALA, FL 34470 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 280  
SILVER SPRINGS, FL 34489 US

## New Mailing Address:

FEI Number: 59-2046604

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMPSON, TIMOTHY E  
23664 NE 124 PL RD  
SALT SPRINGS, FL 32634 US

## Name and Address of New Registered Agent:

THOMPSON, TIMOTHY E  
23664 NE 124 PL RD  
SALT SPRINGS, FL 32134 US

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:

02/18/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: THOMPSON, TIMOTHY E,  
Address: 23664 NE 124 PL RD  
City-St-Zip: SALT SPRINGS, FL

Title: VST ( ) Delete  
Name: THOMPSON, LINDA L,  
Address: 23664 NE 124 PL RD  
City-St-Zip: SALT SPRINGS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: THOMPSON, TIMOTHY E,  
Address: 23664 NE 124 PL RD  
City-St-Zip: SALT SPRINGS, FL 32134 US

Title: VST (X) Change ( ) Addition  
Name: THOMPSON, LINDA L,  
Address: 23664 NE 124 PL RD  
City-St-Zip: SALT SPRINGS, FL 32134 US

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: TIMOTHY E. THOMPSON

PRES

02/18/2005

Electronic Signature of Signing Officer or Director

Date