2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006
Secretary of State

DOCUMENT# F66138

Entity Name: OCALA OAKS UTILITIES, INC.

Current Principal Place of Business:

762 W LANCASTER AVE
BRYN MAWR, PA 19010 US

New Principal Place of Business:

Current Mailing Address:

762 W LANCASTER AVE
BRYN MAWR, PA 19010 US

New Mailing Address:

FEI Number: 59-2158762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DC ( ) Delete
Name: DE BENEDICTIS, NICHOLAS
Address: 762 W LANCASTER AVE
City-St-Zip: BRYN MAWR, PA 19010 US

Title: P ( ) Delete
Name: HUGUS, RICHARD D
Address: 762 W LANCASTER AVE
City-St-Zip: BRYN MAWR, PA 19010 US

Title: VPO ( ) Delete
Name: LA BRECQUE, GLENN P
Address: 762 W LANCASTER AVE
City-St-Zip: BRYN MAWR, PA 19010 US

Title: VPS ( ) Delete
Name: STAHL, ROY H
Address: 762 W LANCASTER AVE
City-St-Zip: BRYN MAWR, PA 19010 US

Title: VPT ( ) Delete
Name: PAPE, KATHY L
Address: 762 W LANCASTER AVE
City-St-Zip: BRYN MAWR, PA 19010 US

Title: C ( ) Delete
Name: CHUKINAS, JAMES
Address: 762 W LANCASTER AVE
City-St-Zip: BRYN MAWR, PA 19010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPO (X) Change ( ) Addition
Name: LIHVARCIK, JOHN
Address: 1100 THOMAS AVE. P.O. BOX 490310
City-St-Zip: LEESBURG, FL 34748 US

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 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: ROY H. STAHL VPS 05/03/2006

Electronic Signature of Signing Officer or Director Date