

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 8:00 am
Secretary of State

01-27-2006 90035 018 ***150.00

DOCUMENT # F95000004583

1. Entity Name
**PEOPLES WATER SERVICE COMPANY OF MARYLAND,
INC.**



Principal Place of Business
**SUITE 310
409 WASHINGTON AVENUE
TOWSON, MD 21204-4971**

Mailing Address
**SUITE 310
409 WASHINGTON AVENUE
TOWSON, MD 21204-4971**

00001041



01142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 52-1921586 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**EMMANUEL, ROBERT A
30 SOUTH SPRING STREET
PENSACOLA, FL 32596**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------------|
| TITLE | PD |
| NAME | GILLET, SHERLOCK S |
| STREET ADDRESS | 409 WASHINGTON AVENUE, SUITE 310 |
| CITY-ST-ZIP | TOWSON, MD 212044971 |

| | |
|----------------|----------------------------------|
| TITLE | VD |
| NAME | GILLET, SHERLOCK S JR |
| STREET ADDRESS | 409 WASHINGTON AVENUE, SUITE 310 |
| CITY-ST-ZIP | TOWSON, MD 212044971 |

| | |
|----------------|----------------------------------|
| TITLE | DST |
| NAME | MATSON, GERALD H |
| STREET ADDRESS | 409 WASHINGTON AVENUE, SUITE 310 |
| CITY-ST-ZIP | TOWSON, MD 212044971 |

| | |
|----------------|--|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE:

Gerald H. Matson **GERALD H. MATSON, TREAS.**

1/14/2006

410-825-3722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #