


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G72175</b> 1. Entity Name MORNINGSIDE UTILITIES, INC.	
---------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 4144 OAKWOOD DR ST CLOUD, FL 34772 US	Mailing Address 4144 OAKWOOD DR ST CLOUD, FL 34772 US
-------------------------------------------------------------------------	-------------------------------------------------------------

**DO NOT WRITE IN THIS SPACE**

01072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2349867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

TURNER, GARY K  
4144 OAKWOOD DR  
ST CLOUD, FL 34772

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	100000072007 11/02/04-810005-024 150.00
-------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------	--------------------------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TURNER, GARY K 4144 OAKWOOD DR ST CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TURNER, LUCILLE S 4144 OAKWOOD DR ST CLOUD, FL 34772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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 like empowered.

SIGNATURE: GARY K. TURNER **GARY K. TURNER** 2/19/2004 407-892-4675  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #