

**2005 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Mar 26, 2005 08:00 AM
Secretary of State

DOCUMENT # G84025

1. Entity Name
WINDSTREAM UTILITIES COMPANY



Principal Place of Business
**3002 N.W. 10TH ST
OCALA, FL 34475 US**

Mailing Address
**P.O. BOX 4201
OCALA, FL 34478**



03222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2382672

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DLOUHY, SHARON
700 S.E. 49TH AVE.
P.O. BOX 186
OCALA, FL 34478**

**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

Sharon Dlouhy

Signature, typed or printed name of registered agent and block applicable

(NOTE: Registered Agent signature required when reinstating)

3/25/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DLOUHY, SHARON
P.O. BOX 186
OCALA, FL 34478**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
DLOUHY, L.E.
PO, BOX 186
OCALA, FL 34478**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
POOLE, LESLI
82 PECAN COURSE LOOP
OCALA, FL 34472**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sharon Dlouhy **SHARON DLOUHY**

3/25/05 (352) 620-8290
Date Daytime Phone #