2005 FOR PROFIT CORPORATION, ANNUAL REPORT

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

	WILLIAM W	LFUNI			1,1661		00.00
1. Entity Nam	MENT # G84025 REAM UTILITIES COMPANY		Secretary of State				
Principal Plac 3002 N.W. 1 OCALA, FL 3	OTH ST	dailing Address P.O. BOX 4201 OCALA, FL 34478		 	II 19 00 July Do ub (1900 DK)	Bisti) Bisik sidik siski) bisiki bi	5 14501 11 18501
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent				03222005 4. FEI Numb 59-238	No Chg-P	 -	pplied For of Applicable Iditional
DLOUHY, 700 S.E. 4 P.O.BOX OCALA, F.	SHARON 9TH AVE. 186	stored Agent	== 25 - 2 12		NOT W		-
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 of printed name of registered agent and till of applicable (NOTE Registered Agent eignature required 4 hen reinstating) DATE							
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution		.00 May Be ed to Fees]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DLOUHY, SHARON P.O. BOX 186 OCALA, FL 34478 STD	CTORS			03/26/05	0277386 -80027-015	158.75
TITLE HAME STREET ADDRESS CITY-ST-ZIP	DLOUHY, L.E. PO,BOX 186 OCLA, FL 33478		· -	:2:	1		, - - ·
NAME STREET ADDRESS CITY-ST-ZIP	POOLE, LESLI 82 PECAN COURSE LOOP OCALA, FL 34472				NOT W		
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SP	ACE	
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12. I hereby certify that the information supplied with this filling 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 embowered 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 OF PICER OR DIRECTOR Date Date Date Date Date Date Date Date							