

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 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**



01102006 No Chg-P CR2E034 (11/05)

**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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reappointing)

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	DLOUHY, SHARON
STREET ADDRESS	P.O. BOX 186
CITY-ST-ZIP	OCALA, FL 34478
TITLE	STD
NAME	DLOUHY, L.E.
STREET ADDRESS	PO BOX 186
CITY-ST-ZIP	OCLA, FL 33478
TITLE	D
NAME	POOLE, LESLI
STREET ADDRESS	82 PECAN COURSE LOOP
CITY-ST-ZIP	OCALA, FL 34472
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000399578  
02/01/06-80018-013 158.75

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352) 620-8290