

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G84025

FILED  
Jan 22, 2007  
Secretary of State

Entity Name: WINDSTREAM UTILITIES COMPANY

## Current Principal Place of Business:

3002 N.W. 10TH ST  
OCALA, FL 34475 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 4201  
OCALA, FL 34478

## New Mailing Address:

FEI Number: 59-2382672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

DLOUHY, L E  
700 S.E. 49TH AVE.  
OCALA, FL 34471 US

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.

SIGNATURE: L E DLOUHY

01/22/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: DLOUHY, SHARON,  
Address: P.O. BOX 186  
City-St-Zip: Ocala, FL 34478

Title: STD ( ) Delete  
Name: DLOUHY, L.E.  
Address: PO,BOX 186  
City-St-Zip: OCLA, FL 33478

Title: D ( ) Delete  
Name: POOLE, LESLI  
Address: 82 PECAN COURSE LOOP  
City-St-Zip: Ocala, FL 34472

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DLOUHY, L E  
Address: P.O. BOX 186  
City-St-Zip: Ocala, FL 34478

Title: STD (X) Change ( ) Addition  
Name: DLOUHY, L.E.  
Address: PO,BOX 186  
City-St-Zip: Ocala, FL 33478

Title: VPD (X) Change ( ) Addition  
Name: POOLE, LESLI  
Address: 82 PECAN COURSE LOOP  
City-St-Zip: Ocala, FL 34472

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLI POOLE

VP

01/22/2007

Electronic Signature of Signing Officer or Director

Date