
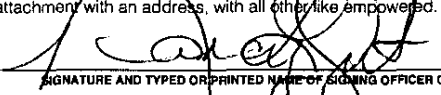


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # G88880</b> 1. Entity Name <b>LONGWOOD RUN UTILITIES, INC.</b>					
Principal Place of Business <b>411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219 US</b>			Mailing Address <b>411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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 <b>700033111007</b> <b>04/20/04--01016--017 **1650.00</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOFMANN, FRANK A 411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nicholas DeBenedictis 762 W. Lancaster Ave. Bryn Mawr, PA 19010	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS STANEK, MARTIN J 411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Richard D. Hugus 762 W. Lancaster Ave. Bryn Mawr, PA 19010	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO VILLIOTTI, ANTHONY J 411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Glenn P. LaBrecque 6960 Professional Pkwy. East, Suite 400 Sarasota, FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLIN, MARY D 411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S Roy H. Stahl 762 Lancaster Ave. Bryn Mawr, PA 19010	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HILES, BRYAN K 411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T Kathy Pape 762 W. Lancaster Ave. Bryn Mawr, PA 19010	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LABRECQUE, GLENN P 6960 PROFESSIONAL PARKWAY EAST, STE. 400 SARASOTA, FL 34240	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Nancy Guth 6960 Professional Pkwy. East, Suite 400 Sarasota, FL 34240	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			3-31-04 941-907-7411		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		