

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # H14641**

1. Entity Name  
**LIGHTHOUSE UTILITIES COMPANY**



Principal Place of Business  
**2010 HIGHWAY C-30  
PORT ST. JOE, FL 32456 US**

Mailing Address  
**PO BOX 428  
PORT ST. JOE, FL 32456 US**



04232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2453703**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**RISH, WILLIAM J.  
303 4TH ST.  
PORT ST. JOE, FL 32456**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	RISH, CAROL T
STREET ADDRESS	2002 CONSTITUTION DRIVE
CITY-ST-ZIP	PORT SAINT JOE, FL 32456
TITLE	P
NAME	RISH, WILLIAM J P, D
STREET ADDRESS	P.O. BOX 39
CITY-ST-ZIP	PORT ST JOE, FL 32457
TITLE	D
NAME	RISHJR, WILLIAM J
STREET ADDRESS	2010 HWY C-30
CITY-ST-ZIP	PORT ST JOE, FL 32456
TITLE	VP/D
NAME	FLOWERS, LANGDON S III
STREET ADDRESS	1135 GORDON AVENUE
CITY-ST-ZIP	THOMASVILLE, GA 31792
TITLE	D
NAME	CLIFTON, MARGARET F
STREET ADDRESS	229 HAND AVENUE
CITY-ST-ZIP	PELHAM, GA 31779
TITLE	D
NAME	FLOWERS, LANGDON S JR
STREET ADDRESS	P.O. BOX 997
CITY-ST-ZIP	THOMASVILLE, GA 31799

U00000932311  
05/22/08-80048-024 150.00

**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 #