2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H14641

Entity Name: LIGHTHOUSE UTILITIES COMPANY

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2010 HIGHWAY C-30

PORT ST. JOE, FL 32456 US

Current Mailing Address: New Mailing Address:

PO BOX 428 252 MARINA DR

PORT ST. JOE, FL 32456 US PORT ST. JOE, FL 32456 US

FEI Number: 59-2453703 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RISH, WILLIAM J. WILLIAM J. RISH, JR. 303 4TH ST. 252 MARINA DR

PORT ST. JOE, FL 32456 US PORT ST. JOE, FL 32456 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: WILLIAM J. RISH, JR. 04/28/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P/D (X) Change () Addition

 Name:
 RISH, CAROL T
 Name:
 RISH, JR, WILLIAM J

 Address:
 2002 CONSTITUTION DRIVE
 Address:
 252 MARINA DR

City-St-Zip: PORT SAINT JOE, FL 32456 City-St-Zip: PORT SAINT JOE, FL 32456

Title: P () Delete Title: VP/D (X) Change () Addition

Name: RISH, WILLIAM J P,D Name: FLOWERS, JR., LANGDON

Address: P.O. BOX 39 Address: P.O. BOX 997

City-St-Zip: PORT ST JOE, FL 32457 City-St-Zip: THOMASVILLE, GA 31799

Title: D () Delete Title: S/D (X) Change () Addition

Name: RISHJR, WILLIAM J Name: RISH, CAROL T

 Address:
 2010 HWY C-30
 Address:
 PO BOX 39

 City-St-Zip:
 PORT ST JOE, FL 32456
 City-St-Zip:
 PORT ST JOE, FL 32457

ony of 21p. 1 of 1 of 2, 12 of 100

Title: VP/D () Delete Title: D (X) Change () Addition Name: FLOWERS, LANGDON S III Name: WOMAC, CATHERINE

Address: 1135 GORDON AVENUE Address: 4425 PINE HOLLOW COURT City-St-Zip: THOMASVILLE, GA 31792 City-St-Zip: ALPHARETTA, GA 30202

Title: D () Delete Title: D (X) Change () Addition

Name: CLIFTON, MARGARET F Name: FLOWERS, III, LANGDON

Address: 229 HAND AVENUE Address: PO BOX 997

City-St-Zip: PELHAM, GA 31779 City-St-Zip: THOMASVILLE, GA 31799

Title: D () Delete Title: D (X) Change () Addition

Name: FLOWERS, LANGDON S JR Name: FLOWERS, MARGARET Address: P.O. BOX 997 Address: P.O. BOX 997

City-St-Zip: THOMASVILLE, GA 31799 City-St-Zip: THOMASVILLE, GA 31799

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM J. RISH, JR PRES 04/28/2009

Electronic Signature of Signing Officer or Director

Date