



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # H15899 1. Entity Name BUFFALO BLUFF UTILITIES, INC.		
Principal Place of Business 66 CUNA ST. SUITE B ST AUGUSTINE, FL 32084		Mailing Address 1985 MIZELL ROAD ST AUGUSTINE, FL 32080
DO NOT WRITE IN THIS SPACE		
		 04212005 No Chg-P CR2E034 (10/03)
		4. FEI Number 59-2438800 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent BROWN, RONALD W ESQ 66 CUNA ST. SUITE B ST AUGUSTINE, FL 32084		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS THOMPSON, PIERRE D P.O. BOX 70 ST. AUGUSTINE, FL 32085	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RUNK, A H SR 61 DOLPHIN DRIVE ST AUGUSTINE, FL 32080	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Pierre D. Thompson</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>4/21/05</u> <u>904-471-4800</u> Date Daytime Phone #