


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # H34399 1. Entity Name COUNTY-WIDE UTILITY CO., INC.		
Principal Place of Business 3233 SE MARICAMP RD STE 601 OCALA, FL 34474 US	Mailing Address PO BOX 1476 OCALA, FL 34478-1476 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent LEEWARD, JAMES K. 1930 SE CLATTER BRIDGE RD OCALA, FL 34471		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 reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	VPSD LEEWARD, JAMES K. 1930 SE CLATTER BRIDGE RD OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LEEWARD, DIRK J. PO BOX 1476 OCALA, FL 344781476	
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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: <i>By: [Signature]</i> Pres. Dirk Leeward 4/20/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		



04112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2505992	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U00000531819
05/06/06-80061-003 150.00

**DO NOT WRITE
IN THIS SPACE**