
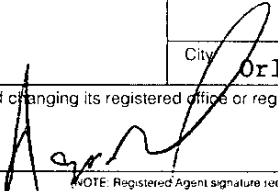
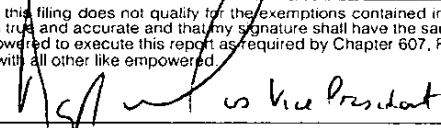


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90045 011 ***150.00

DOCUMENT # H68683 1. Entity Name WATER OAK UTILITY CO., INC.					
Principal Place of Business C/O RANDOLPH J. RUSH 250 PARK AVE. SO., 5TH FL. WINTER PARK, FL 32789			Mailing Address C/O RANDOLPH J. RUSH 250 PARK AVE. SO., 5TH FL. WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2643680	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUSH, RANDOLPH J. WINDERWEEDLE HAINES WARD & WOODMAN PA 250 PARK AVE. SOUTH, 5TH FLOOR WINTER PARK, FL 32789			Name WHWW, INC.		
			Street Address (P.O. Box Number is Not Acceptable) 390 N. Orange Avenue, Suite 1500		
			City Orlando		
			State FL		
			Zip Code 32801		
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: 					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGBERG, SAMUEL		NAME		
STREET ADDRESS	10114 EMPYREAN WAY #201		STREET ADDRESS		
CITY- ST- ZIP	LOS ANGELES, CA 900673808		CITY- ST- ZIP		
TITLE	DVST	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUICK, BLAINE B.		NAME		
STREET ADDRESS	P O BOX 271		STREET ADDRESS		
CITY- ST- ZIP	RANCHO SANTA FE, CA 92067		CITY- ST- ZIP		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LANGBERG, MARK L		NAME		
STREET ADDRESS	2 NETHERTON COURT		STREET ADDRESS		
CITY- ST- ZIP	MORAGA, CA 94556		CITY- ST- ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUSH, RANDOLPH J		NAME		
STREET ADDRESS	250 PARK AVE. S. 5TH FLOOR		STREET ADDRESS		
CITY- ST- ZIP	WINTER PARK, FL 32789		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: 1/10/06					