

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # H95754 1. Entity Name DAMON UTILITIES, INC.	
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Principal Place of Business % RODNEY A. DAVIS 47 LAKE DAMON DR AVON PARK, FL 33825	Mailing Address % RODNEY A. DAVIS 47 LAKE DAMON DR AVON PARK, FL 33825
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01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2658413	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DAVIS, RODNEY A. 47 LAKE DAMON DR AVON PARK, FL 33825	DO NOT WRITE IN THIS SPACE
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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)	DATE _____
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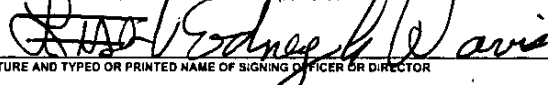
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARSTINE, J.A. 1327 N LAKE ISIS DR AVON PARK, FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DAVIS, GEORGE 22689 STATE ROAD 751 W. LAFAYETTE, OH
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DAVIS, RODNEY A. 47 LAKE DAMON DR AVON PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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01/29/08-80039-011-150.00

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 an other like empowered

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/11/08 Date	863-453-0773 Daytime Phone #
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