

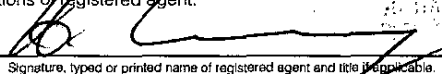
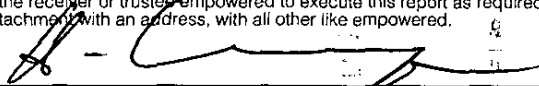


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90060 001 ***476.25

DOCUMENT # J38046 1. Entity Name EAGLE CREEK UTILITY II, INC.					
Principal Place of Business 2340 STANFORD COURT NAPLES, FL 34112 US			Mailing Address 2340 STANFORD COURT NAPLES, FL 34112 US		
2. Principal Place of Business 625 Eagle Creek Drive Suite, Apt. #, etc.		3. Mailing Address 625 Eagle Creek Drive Suite, Apt. #, etc.		<div style="font-size: 2em; font-weight: bold;">66400243</div> 	
City & State Naples FL		City & State Naples FL			
Zip 34113		Zip 34113			
Country USA		Country USA		4. FEI Number 59-2728771	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent AMICO, DAVID J 625 EAGLE CREEK DRIVE NAPLES, FL 34113				7. Name and Address of New Registered Agent Name Hanspeter Schwager Street Address (P.O. Box Number is Not Acceptable) 625 Eagle Creek Drive City Naples FL Zip Code 34113	
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  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LIPS, HERBERT 625 EAGLE CREEK DRIVE NAPLES, FL 34113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD <input checked="" type="checkbox"/> Delete AMICO, DAVID J. 625 EAGLE CREEK DRIVE NAPLES, FL-34113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD <input type="checkbox"/> Delete SCHWAGER, HANSPETER 625 EAGLE CREEK DRIVE NAPLES, FL 34113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/D/C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hanspeter Schwager 625 Eagle Creek Drive Naples, FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete STEINEMANN, HANSJORG 625 EAGLE CREEK DRIVE NAPLES, FL 34113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Hansjorg Steinemann 625 Eagle Creek Drive Naples FL 34113	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					