## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # J48146** 03-12-2004 90040 014 \*\*\*150.00 C & H UTILITIES, INC. Principal Place of Business Mailing Address 1527 VALIANT AVE P.O. BOX 1088 SEBRING, FL 33871 SEBRING, FL 33872 US 2. Principal Place of Business 3. Mailing Address 431 S. Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 03102004 City & State 4. FEI Number Applied For 59-2767117 Not Applicable Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FAIRCLOTH, WENDELL L. Street Address (P.O. Box Number is Not Acceptable) **1527 VALIANT AVE** SEBRING, FL 33872 4 Zip Code City 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. DTI F TITLE ☐ Change ☐ Addition ☐ Delete FAIRCLOTH, WENDELL L. NAME 1527 VALIANT AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING, FL CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition FAIRCLOTH, MARY JANE NAME STREET ADDRESS 1527 VALIANT AVE STREET ADDRESS SEBRING, FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE TITLE Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change 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 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.

ane Faircloth

FILED

Mar 12, 2004 8:00 am