2007 FOR PROFIT CORPORATION ANNUAL REPORT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Apr 30, 2007 08:00 AM Secretary of State **DOCUMENT # J48146** C & H UTILITIES, INC. Malling Address Principal Place of Business P.O. BOX 1088 1527 VALIANT AVE SEBRING, FL 33872 SEBRING, FL 33871 04252007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2767117 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent DO NOT WRITE FAIRCLOTH, WENDELL L. **1527 VALIANT AVE** SEBRING, FL 33872 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argneture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE FAIRCLOTH, WENDELL L. NAME STREET ADDRESS 1527 VALIANT AVE CITY-ST-ZIP SEBRING, FL 000000749129 05/18/07-80009-020 150.00 TITLE FAIRCLOTH, MARY JANE NAME STREET ADDRESS 1527 VALIANT AVE SEBRING, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

FILED

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: May Jair cloth Many Jane Faircloth 04-25-07 863-471-1400

BigNatifies with types on Printed Name of BigNama OFFIcter OR Director

Date Daytome Phone #