


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # J51260 1. Entity Name ENGLEWOOD UTILITIES CORPORATION	
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Principal Place of Business P.O. BOX 21238 P.O. BOX 21238 SARASOTA, FL 34276-4238 US	Mailing Address P.O. BOX 21238 P.O. BOX 21238 SARASOTA, FL 34276-4238 US
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01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2787568	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**JOHNSON, MICHAEL J
4441 S TAMiami TRAIL
STE B
SARASOTA, FL 34231**

**DO NOT WRITE
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  **Michael J. Johnson V.P.** **2/15/05**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TERRY, EDWARD L. 2401 LAKE PARK DRIVE, SUITE 355 SMYRNA, GA 30080
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, MICHAEL 4441 S TAMiami TRAIL, STE B SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OWINGS, S KENT 2197 CANTON ROAD, SUITE 201 MARIETTA, GA 30066
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JOHNSON, MICHAEL 4441 S TAMiami TRAIL, STE B SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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02/21/05-80006-002 150.00

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 any address, with all other like empowered.

SIGNATURE:  **Michael J. Johnson** **2/15/05** **941-927-8646**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #