

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # J51260

1. Entity Name

ENGLEWOOD UTILITIES CORPORATION



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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/06)

4. FEI Number **59-2787568**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 **Michael J. Johnson**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/5/07
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	U000000705574	
CITY- ST- ZIP	04/23/07-80057-008 150.00	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Michael J. Johnson **Michael J. Johnson V.P.** **4/5/07** **941-927-9884**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #