2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J51260

Title:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2008 Secretary of State

Entity Name: ENGLEWOOD UTILITIES CORPORATION						
Current Principal Place of Business:				New Principal Place of Business:		
P.O. BOX 21238 P.O. BOX 21238 SARASOTA, FL 342764238 US			421 TOMOKA DRIVE ENGLEWOOD, FL 34223 US			
Current Mailing Address:				New Mailing Address:		
P.O. BOX 2 P.O. BOX 2 SARASOTA		4238 US				
FEI Number:	59-2787568	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
JOHNSON, MICHAEL J 4441 S TAMIAMI TRAIL STE B SARASOTA, FL 34231 US				ENGLISH, LUCY 421 TOMOKA DRIVE ENGLEWOOD, FL 34223 US		
The above in the State		submits this statement for the	purpose o	f changing it	ts registered o	ffice or registered agent, or both,
SIGNATURE: LUCY ENGLISH				04/30/2008		
Electronic Signature of Registered Agent				Date		
Election Cam	npaign Financi	ng Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	TERRY, EDW	ARK DRIVE, SUITE 355		Title: Name: Address: City-St-Zip:	()	Change () Addition
Title: Name: Address: City-St-Zip: Title:	JOHNSON, M 4441 S TAMIA SARASOTA, F	MI TRAIL, STE B FL 34231) Delete		Title: Name: Address: City-St-Zip: Title:	JACQUELINE C 2401 LAKE PAR SMYRNA, GA	RK DRIVE, SUITE 355
Name: Address: Citv-St-Zip:	OWINGS, S K 2197 CANTOI MARIETTA. G	N ROAD, SUITE 201		Name: Address: Citv-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JACQUELINE CORRY VP 04/30/2008

(X) Delete

4441 S TAMIAMI TRAIL, STE B

JOHNSON, MICHAEL,

SARASOTA, FL 34231

() Change () Addition