2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # K42556

1. Entity Name
LAKE UTILITY COMPANY, INC.

Principal Place of Business	Mailing Address
25201 US HWY 27 S LEESBURG, FL 34748 US	25201 US HWY 27 S LEESBURG, FL 34748 US

01042006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2915109
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THIELE, EARL H
25201 HWY 27 S
LEESBURG, FL 34748

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

U00000430513
02/22/06-80051-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	DST
NAME	TONRY, ROBERT B
STREET ADDRESS	25201 US HWY 27S
CITY-ST-ZIP	LEESBURG, FL
TITLE	DVP
NAME	HEMPHILL, ROSS
STREET ADDRESS	25201 US HWY 27
CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	DP
NAME	THIELE, EARL H
STREET ADDRESS	25201 UW HWY 27 S
CITY-ST-ZIP	LEESBURG, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

Robert B. Tonry, Secretary/Treasurer

SIGNATURE: _____ 1/31/06 352-326-4170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #