2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K88573

FILED Mar 30, 2009 Secretary of State

Entity Name: NORTH PENINSULA UTILITIES CORPORATION

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
PO BOX 1 DRMOND	364 BCH, FL 32175	US	115 E. GRANADA BI ORMOND BCH, FL		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
PO BOX 1 DRMOND	364 BCH, FL 32175	US			
El Number	: 59-2974927 F	El Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	LARRY RANDVIEW AVE A BCH, FL 32118	US			
	e named entity sub e of Florida.	mits this statement for the p	urpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			nt	Date	
Election Ca	mpaign Financing Tru	ust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Fitle: Name: Address: City-St-Zip:	D () Del WILSON, TYREE F 7 CIRCLE OAK TRA ORMOND BEACH, I	. JR. AlL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Nddress: City-St-Zip:	D () Del HILLMAN, ROBERT 1326 JOHN ANDER ORMOND BEACH, I	L SON DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: ROBERT L. HILLMAN D 03/30/2009