2004 FOR PROFIT CORPORATION

Apr 19, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L58926 04-19-2004 90307 028 ***150.00 HUNTER'S RIDGE UTILITY CO. OF LEE COUNTY Principal Place of Business Mailing Address უգրუუუაგა 12500 HUNTERS RIDGE DR. 12500 HUNTERS RIDGE DR 12500 HUNTERS RIDGE DRIVE BONITA SPRINGS, FL 33923-3401 US BONITA SPRINGS, FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04122004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-6353008 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34135 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUPRICH, DONALD G. Street Address (P.O. Box Number is Not Acceptable) 12500 HUNTERS RIDGE DR. BONITA SPRINGS, FL 33923 City 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 red Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DP Delete TITLE ☐ Change ☐ Addition NAME STREET, HA NAME STREET ADDRESS 339 WEST MAIN ST STREET ADDRESS CITY-ST-ZIP GRUNDY, VA 24614 CITY-ST-ZIP DVT TITLE ☐ Delete TITLE G Change ☐ Addition NAME **HUPRICH DONALD** NAME STREET ADDRESS 142 FORESTWOOD DR. STREET ADDRESS 6730 Mill Run Circle CITY-ST-ZIP T NAPLES, FL CITY-ST-ZIP Naples, FL 34109-7200 TITLE ☐ Delete TITLE Change ☐ Addition FOWLER, GAYNELL NAME NAME · STREET ADDRESS RT 2 BOX 263 STREET ADDRESS 28201 Alfred Moore Ct. CITY-ST-ZIP MOORE HAVEN, FL CITY-ST-ZIP Bonita Springs, FL 34135 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Donald G. Huprich SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

☐ Defete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

FILED