2007 FOR PROFIT CORPORATION

Apr 23, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #L58926 04-23-2007 90056 050 ***150.00 HUNTER'S RIDGE UTILITY CO. OF LEE COUNTY Principal Place of Business Mailing Address 4000 12500 HUNTERS RIDGE DR. 12500 HUNTERS RIDGE DR 12500 HUNTERS RIDGE DRIVE BONITA SPRINGS, FL 34135 US BONITA SPRINGS, FL 34135 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04032007 Chg-P CR2E034 (12/06) 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 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 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Trust Fund Contribution After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 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 ☐ Defete TITLE ☐ Change ☐ Addition **HUPRICH DONALD** NAME STREET ADDRESS 6730 MILL RUN CIRCLE STREET ADDRESS CITY-ST-ZIP NAPLES, FL 341097200 CITY-ST-ZIP TITLE Delete TITLE Change Change Addition FOWLER, GAYNELL NAME NAME STREET ADDRESS 28201 ALFRED MOORE CT. STREET ADDRESS CITY-ST-ZIP BONITA SPRINGS, FL 34135 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition

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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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Change

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FILED