


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N00000004497	
1. Entity Name TROPICAL ISLES UTILITIES CORPORATION	

Principal Place of Business 281 TROPICAL ISLES CIRCLE FT PIERCE, FL 34982	Mailing Address 281 TROPICAL ISLES CIRCLE FT PIERCE, FL 34982
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**DO NOT WRITE IN THIS SPACE**



02112005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  SHACKET, ROGER 281 TROPICAL ISLES CIRCLE FT PIERCE, FL 34982	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	100000232095 02/16/05-80062-004 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHACKET, ROGER 281 TROPICAL ISLES CIRCLE FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGOUGH, LOUIS G 491 THAMES BLUFF RIDGE FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICKEL, DONNA M 240 OLD KEY WEST PLACE FT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSATO, JULIUS 210 SANDY BOTTOM PLACE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVOE, FREDRIC 5670 HEMINWAY COURT FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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.

SIGNATURE:  Roger Shacket	2-14-2005	772-468-4968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #