


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90043 023 \*\*\*\*61.25

<b>DOCUMENT # N08157</b>	
1. Entity Name <b>CHERRY LAKE UTILITIES CORPORATION</b>	

Principal Place of Business <b>RT 3, BOX 360 MADISON FL 32340</b>	Mailing Address <b>RT 3, BOX 360 MADISON FL 32340</b>
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2. Principal Place of Business <b>257 N. E. Berkshire Rd.</b> Suite, Apt. #, etc.	3. Mailing Address <b>257 N. E. Berkshire Rd.</b> Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>59-0563580</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>HARDEE, CARY A. 215 SE PINCKNEY MADISON FL</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DURST, JAMES</b> <b>2814 NE CHERRY LAKE CIRCLE</b> <b>PINETTA FL 32350</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>George Wheeler</b> <b>221 W. Fraleigh</b> <b>Madison, FL 32340</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>COX, GERALD</b> <b>2539 NE CHERRY LAKE CIR.</b> <b>PINETTA FL 32350</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b>    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>FINE, VERONICA L</b> <b>3467 NE CHERRY LAKE CIRCLE</b> <b>PINETTA FL 32350</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	    <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HIDY, LOWELL</b> <b>RT 3, BOX 535</b> <b>MADISON FL 32340</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>881 N. E. Post Road</b>    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEDSONE, OTTO</b> <b>597 SE HWY 19</b> <b>CRYSTAL RIVER FL 34429</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>11561 SE 200 Circle</b> <b>Inglis, FL 34449</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HARTLEY, JOSEPH</b> <b>RT 3, BOX 410</b> <b>MADISON FL 32340</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1274 N. E. Garden Road</b>    <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:** *Veronica L. Fine* **VERONICA L. FINE** **3/15/04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #