


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90012 038 ****61.25

DOCUMENT # N93000003415					
1. Entity Name TAYLOR COASTAL UTILITIES, INC.					
Principal Place of Business 114 B WEST GREEN ST PERRY, FL 32347 US			Mailing Address P.O. BOX 73 PERRY, FL 32348 US		
2. Principal Place of Business 18,800 Beach Rd		3. Mailing Address P.O. BOX 73			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Perry, FL		City & State Perry, FL		4. FEI Number 59-3192651	
Zip 32348		Country FLA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MEISSNER, ROBERT-W.P.E. 114 B WEST GREEN ST. PERRY, FL 32347			7. Name and Address of New Registered Agent Name: Sandra Hatcher Street Address (P.O. Box Number is Not Acceptable): 20368 Ponce de Leon City: Perry FL Zip Code: 32348		
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: <u>Sandra Hatcher</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME BEACH, TRAVIS STREET ADDRESS RT 2 BOX 131 CITY-ST-ZIP PERRY, FL 32347	<input type="checkbox"/> Delete		TITLE D NAME Senter, Glenn STREET ADDRESS 80170 Beach Rd CITY-ST-ZIP Perry, FL 32348	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MOODY, JIM STREET ADDRESS RT 2, BOX 18 CITY-ST-ZIP PERRY, FL 32347	<input type="checkbox"/> Delete		TITLE D NAME FORD, FLOYD STREET ADDRESS 20610 MARINA RD CITY-ST-ZIP PERRY, FL 32348	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE STD NAME TOWLES, BETTY STREET ADDRESS RT 2 BOX 244A CITY-ST-ZIP PERRY, FL 32347	<input checked="" type="checkbox"/> Delete		TITLE STD NAME Hatcher, Sandra STREET ADDRESS 80368 Ponce de Leon CITY-ST-ZIP Perry, FL 32348	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME EVERETT, DANNY STREET ADDRESS 34885 BYRON BUTLER PKWY CITY-ST-ZIP PERRY, FL 32348	<input type="checkbox"/> Delete		TITLE D NAME MCKINNEY, MIKE STREET ADDRESS P O BOX 1428 N/A CITY-ST-ZIP PERRY, FL 32348	<input 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: <u>Sandra H. Hatcher</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>2/13/04</u> Daytime Phone #: <u>850-578-2850</u>		