
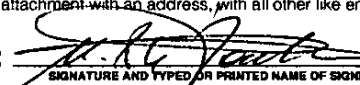


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 10, 2005 8:00 am**  
**Secretary of State**

02-10-2005 90054 014 \*\*\*\*70.00

|   |  |                                 |   |   |   |
|---|--|---------------------------------|---|---|---|
| <b>DOCUMENT # N97000002489</b><br>1. Entity Name<br>ELLISVILLE UTILITY GROUP, INC.  |  |                                 |   |                                  |   |
| Principal Place of Business<br>RT 2 BOX 6004<br>LAKE CITY, FL 32024 US  |  |                                 | Mailing Address<br>RT 2 BOX 6004<br>LAKE CITY, FL 32024 US                          |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |   |
| City & State  |  |                                 | City & State  |   |   |
| Zip   |  | Country                         |   | 4. FEI Number<br>59-3657264   |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |                                 |   | Applied For<br>Not Applicable   |   |
| 6. Name and Address of Current Registered Agent<br>MCDAVID, TERRY<br>128 SOUTH HERNANDO STREET<br>LAKE CITY, FL 32025   |  |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ (NOTE: Registered Agent signature required when reinstating)  |  |                                 |   |   |   |
| Filing Fee is \$61.25.<br>Due by May 1, 2005  |  |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   |   |
| \$5.00 May Be<br>Added to Fees  |  |                                 | Make check payable to<br>Florida Department of State                                |   |   |
| 10. OFFICERS AND DIRECTORS  |  |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                               |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>SUMMERS, W L<br>601 HALL OF FAME DR<br>LAKE CITY, FL 32055  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>HORNE, KERMIT R<br>4600 CANAL ROAD<br>LAKE WALES, FL 33853  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | D<br>MOUKHTARA, MICHEL P<br>RT 2 BOX 6004<br>LAKE CITY, FL 32024 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | 7717 NW 20th Lane<br>GAINESVILLE FL 32605                        | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | 386-1671003  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <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:   |  |                                 |   |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |                                 |   |   |   |
| Date: 2/7/05 Daytime Phone #: 386-1671003   |  |                                 |   |   |   |

00013436



01172005 Chg-NP CR2E037 (10/03)

FL Zip Code

ATTACHMENT

# N97000002489

50013232

**OPTION 3 - *Receive a form by mail* - Allow up to 28 days total processing time.**

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document #

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ELLISVILLE UTILITY GROUP, INC.  
RT 2 BOX 8004  
LAKE CITY FL 32024

ELLISVILLE UTILITY GROUP INC  
14197 S US HWY 441  
LAKE CITY FL 32024



CR2E095 10/04