


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90013 029 ***150.00

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| DOCUMENT # P00000094540 | | | |  | |
| 1. Entity Name ADVANCED UTILITY RESOURCES AND SUPPLY, INC. | | | | | |
| Principal Place of Business 11721 CREEK DRIVE ALACHUA, FL 32615 US | | | Mailing Address 333 TURKEY CREEK ALACHUA, FL 32615 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. 10825 NW 62nd Terrace | | Suite, Apt. #, etc. AME | | | |
| City & State Alachua, FL | | City & State AME | | | |
| Zip 32615 | | Country USA | | 4. FEI Number 59-3674225 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | | | |
| TINGUE, JOHN 11721 CREEK DRIVE ALACHUA, FL 32615 | | Name Tingue, John | | | |
| | | Street Address (P.O. Box Number is Not Acceptable) 10825 NW 62nd Terrace | | | |
| | | City Alachua | | | |
| | | Zip Code FL 32615 | | | |
| 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 John A. Tingue <i>John A. Tingue</i> 1/10/05 <small>Signature, typed or printed name of registered agent and director, if applicable. Registered Agent Signature required when constituting.</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CBD TINGUE, JOHN A 11705 CREEK DRIVE ALACHUA, FL 32615 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | CBD Tingue, John A. 10825 NW 62nd Terr Alachua, FL 32615 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO STAGGERS, CHRISTOPHER R 11705 CREEK DRIVE ALACHUA, FL 32615 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCEO Staggers, Christopher R 9749 River Oaks Drive Glen St. Mary, FL 32040 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST TINGUE, NELL P 11705 CREEK DRIVE ALACHUA, FL 32615 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST Tingue, Nell P 10825 NW 62nd Ter Alachua, FL 32615 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another like empowered. | | | | | |
| SIGNATURE: John A. Tingue <i>John A. Tingue</i> 1/10/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |