## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Jan 05, 2007 8:00 am **Secretary of State DOCUMENT # P00000094540** 01-05-2007 90030 019 \*\*\*150.00 ADVANCED UTILITY RESOURCES AND SUPPLY, INC. Mailing Address Principal Place of Business 10825 NW 62ND TERRACE 333 TURKEY CREEK ALACHUA FL 32615 US ALACHUA FL 32615 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 11791 Creek Drive Suite, Apt. #, etc. 01032007 CR2E034 (12/06) Cha-P NA Applied For City & State City & State 4. FEI Number 59-3674225 Not Applicable Alachua Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required U.S.A 32415 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Tingue, John TINGUE, JOHN Street Address (P.O. Box Number is Not Acceptable) 10825 NW 62ND TERRACE ALACHUA, FL 32615 Zip Code 326/5 Alachua 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 NOTE Registered Agent signature required when reinstating) SIGNATUR 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 "OFFICERS AND DIRECTORS 10. 11. (same) CBD TITLE TITLE ☐ Delete TINGUE, JOHN A. NAME NAME 11791 Creek Drive 10825 NW 62ND TERRACE STREET ADDRESS STREET ADDRESS Alachua, FL 32615 CITY-ST-ZIP ALACHUA, FL 32615 CITY-ST-ZIP Delete TITLE Change 11791 Creek Drive ■ Addition TITLE STAGGERS, CHRISTOPHER R NAME STREET ADDRESS Alachua, EL 32615 10825 NW 62ND TERRACE STREET ADDRESS CITY-ST-ZIP ALACHUA, FL 32615 CITY-ST-ZIP ST Tinque, Nell P. Change ST ☐ Delete TITLE ■ Addition TINGUE, NELL P NAME NAME 11791 Creek Drive 10825 NW 62ND TERRACE STREET ADDRESS STREET ADORESS Alachua, FL 32415 CITY-ST-ZIP ALACHUA, FL 32615 CITY-ST-ZIP Oelete TITLE ☐! Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADORESS STREET ADDRESS CHY-ST-ZP CITY-ST-7IP TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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

John A. Tinque

FILED

352-404-0446

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered.