

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P01000060611

1. Entity Name
L.P. UTILITIES CORPORATION



Principal Place of Business
100 SHORELINE DR.
LAKE PLACID, FL 33852

Mailing Address
P.O. BOX 478
LAKE PLACID, FL 33862



04022008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1119153

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCOLLUM & RINALDO, P.A.
129 SOUTH COMMERCE AVENUE
SEBRING, FL 33870

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

U000000888391
04/22/08-80007-018 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	COZIER, R. ANTHONY
STREET ADDRESS	100 SHORELINE DR.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	LOVELETTE, JOHN H
STREET ADDRESS	100 SHORELINE DR.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	D
NAME	LOVELETTE, TERESA A
STREET ADDRESS	100 SHORELINE DR.
CITY-ST-ZIP	LAKE PLACID, FL 33852
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

SIGNATURE: *John H. Lovelette*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John H. Lovelette, Director 2 April 08

Date

Daytime Phone #

863-699-1173