2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2009
Secretary of State

DOCUMENT# P02000020157

Entity Name: UTILITY SYSTEMS CONSTRUCTION, INC.

Current Principal Place of Business:

925 WALKER RD
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

2215 SE FORT KING ST
SUITE B
OCALA, FL 34471

New Mailing Address:

FEI Number: 04-3612089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUGHES, WILLIAM R
1699 CR 249-A
OXFORD, FL 34484 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SCHWARTZ, WILLIAM J
Address: 10809 ARROWTREE BLVD
City-St-Zip: CLERMONT, FL 34711

Title: VD ( ) Delete
Name: HUGHES, WILLIAM R
Address: 1699 CR 249-A
City-St-Zip: OXFORD, FL 34484

Title: SD ( ) Delete
Name: SCHWARTZ, LESA J
Address: 10809 ARROWTREE BLVD.
City-St-Zip: CLERMONT, FL 34711

Title: TD ( ) Delete
Name: HUGHES, MARIE A
Address: 1699 CR 249-A
City-St-Zip: OXFORD, FL 34484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM SCHWARTZ PD 03/02/2009

Electronic Signature of Signing Officer or Director — Date