

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000020157

FILED  
Jan 05, 2012  
Secretary of State

**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:**

925 WALKER RD  
WILDWOOD, FL 34785

**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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM J. SCHWARTZ

PD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date