

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000025054		
1. Entity Name UTILITIES, INC. OF PENNBROOKE		
Principal Place of Business 200 WEATHERSFIELD AVE ALTAMONTE SPRINGS, FL 32714		Mailing Address 2335 SANDERS ROAD NORTHBROOK, IL 60062
DO NOT WRITE IN THIS SPACE		
		03222005 No Chg-P CR2E034 (10/03)
4. FEI Number 55-0847532		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CTO CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO CAMAREN, JAMES L 2335 SANDERS ROAD NORTHBROOK, IL 60062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMAREN, JAMES L 2335 SANDERS ROAD NORTHBROOK, IL 60062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCFO SCHUMACHER, LAWRENCE N 2335 SANDERS ROAD NORTHBROOK, IL 60062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHUMACHER, LAWRENCE N 2335 SANDERS ROAD NORTHBROOK, IL 60062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		3/25/05 847-498-6440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #

LAWRENCE N. SCHUMACHER, PRES. & CFO