

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90441 035 ***150.00

DOCUMENT # P03000094927

1. Entity Name
CERTIFIED UTILITY SERVICES, INC.



Principal Place of Business
1851 EAST 21ST STREET
JACKSONVILLE, FL 32206

Mailing Address
PO BOX 26218
JACKSONVILLE, FL 32226



2. Principal Place of Business
11783 DUNN CREEK RD

3. Mailing Address
11783 DUNN CREEK RD

04262005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE

City & State
JACKSONVILLE

4. FEI Number
20-0192322

Applied For
Not Applicable

Zip
32218

Country
FL

Zip
32218

Country
FL

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HINTON, DONNA R
11783 DUNN CREEK ROAD
JACKSONVILLE, FL 32218

Name
HINTON ROGER D

Street Address (P.O. Box Number is Not Acceptable)

11783 DUNN CREEK RD

City JACKSONVILLE FL Zip Code 32218

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]* ROGER HINTON, PRES

4/30/05

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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPST
NAME HINTON, DONNA R
STREET ADDRESS 11783 DUNN CREEK ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32218 ☒ Delete

TITLE DPST
NAME HINTON ROGER D
STREET ADDRESS 11783 DUNN CREEK RD
CITY-ST-ZIP JACKSONVILLE FL 32218 ☒ Change ☐ Addition

TITLE VP
NAME HINTON, ROGER D
STREET ADDRESS 11783 DUNN CREEK ROAD
CITY-ST-ZIP JACKSONVILLE, FL 32218 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* ROGER HINTON

4/30/05 904 751 6710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #