


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90292 009 ***150.00

DOCUMENT # P04000043289 1. Entity Name UTILITY DESIGN, INC.					
Principal Place of Business 275 QUAIL DR MERRITT ISLAND FL 32953			Mailing Address 275 QUAIL DR MERRITT ISLAND FL 32953		
2. Principal Place of Business 5176 ROYAL PADDOCK WAY MERRITT ISLAND, FL 32953		3. Mailing Address P.O. Box 32459 MERRITT ISLAND, FL 32954			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MERRITT ISLAND, FL		City & State MERRITT ISLAND, FL		4. FEI Number 200923161	
Zip 32953		Country BREVARD		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32953		Country BREVARD		6. Name and Address of Current Registered Agent MONTGOMERY, JOHN J 275 QUAIL DR MERRITT ISLAND FL 32953	
Zip 32953		Country BREVARD		7. Name and Address of New Registered Agent Name MONTGOMERY, JOHN J Street Address (P.O. Box Number is Not Acceptable) 5176 ROYAL PADDOCK WAY City MERRITT ISLAND FL Zip Code 32953	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE D <input type="checkbox"/> Delete NAME MONTGOMERY, JOHN J STREET ADDRESS 275 QUAIL DR CITY-ST-ZIP MERRITT ISLAND FL 32953	TITLE D <input type="checkbox"/> Delete NAME MONTGOMERY, CAROL STREET ADDRESS 275 QUAIL DR CITY-ST-ZIP MERRITT ISLAND FL 32953		TITLE D <input type="checkbox"/> Delete NAME MONTGOMERY, CAROL STREET ADDRESS 275 QUAIL DR CITY-ST-ZIP MERRITT ISLAND FL 32953	TITLE D <input type="checkbox"/> Delete NAME MONTGOMERY, CAROL STREET ADDRESS 275 QUAIL DR CITY-ST-ZIP MERRITT ISLAND FL 32953	
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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)(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: <i>John J. Montgomery</i> 04-14-05 (321) 455-1500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					