


**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # P04000155125	
1. Entity Name <i>m+l utility Contractors Inc</i>	

FILED

11 MAY 18 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box # <i>2403 Sapp Rd</i>		3. Mailing Address <i>same</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Cottondale FL</i>		City & State	
Zip <i>32431</i>	Country <i>USA</i>	Zip	Country

CR2E034B (1/11)

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4. FEI Number <i>80-0134663</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name <i>USA Nixon</i>			
Street Address (P.O. Box Number is Not Acceptable)			
<i>2403 Sapp Rd</i>			
City <i>Cottondale</i>		FL	Zip Code <i>32431</i>

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 *Lisa Nixon, Secretary*

Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-instating)

January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	E-mail Address: <i>mn/nixon@wfeca.net</i> E-mail address to be used for future annual report notices.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Michael Nixon Pres 2403 Sapp Rd Cottondale FL</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Lisa Nixon Secy. 32431</i>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: *Lisa Nixon USA Nixon* DATE: *5-11-11* *800-209-2192*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #