


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 08, 2006 8:00 am
Secretary of State

05-01-2006 90471 041 ***150.00

DOCUMENT # P05000001551			
1. Entity Name UTILITY SOLUTIONS ASSOCIATES, INC.			
Principal Place of Business 1115 N NORTHLAKE DR HOLLYWOOD, FL 33019		Mailing Address 1115 N NORTHLAKE DR HOLLYWOOD, FL 33019	
2. Principal Place of Business Su 903 S. Ruby Drive Key Largo, FL 33037 City, ----- Zip ----- Country -----		3. Mailing Address S 903 S. Ruby Drive Key Largo, FL 33037 C ----- Zip ----- Country -----	
4. FEI Number 20-2114884		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 VAN COTT, WEIT 1115 N NORTHLAKE DR HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name VAN COTT, WHITEFIELD Street Address (P.O. Box Number is Not Acceptable) 903 S. Ruby Drive City Key Largo, FL 33037 Zip Code 33037	
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 reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT WHITEFIELD VAN COTT 903 S RUBY DR KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <u>Whitefield R Van Cott</u>		Date: <u>4-25-06</u> Daytime Phone: <u>853-1199</u>	

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04272006 Chg-P CR2E034 (11/05)

4. FEI Number 20-2114884

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

VAN COTT, WEIT
1115 N NORTHLAKE DR
HOLLYWOOD, FL 33019

Name VAN COTT, WHITEFIELD
Street Address (P.O. Box Number is Not Acceptable)
903 S. Ruby Drive
City Key Largo, FL 33037
Zip Code 33037

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PRESIDENT
WHITEFIELD VAN COTT
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