

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000037366

Entity Name: MCLAUGHLAN UTILITIES INC

FILED
Feb 25, 2009
Secretary of State

Current Principal Place of Business:

6650 POSSUM RIDGE ROAD
CRESTVIEW, FL 32539

New Principal Place of Business:

Current Mailing Address:

6650 POSSUM RIDGE ROAD
CRESTVIEW, FL 32539

New Mailing Address:

320 RIGHT FORK RD
PICKENS, SC 29671

FEI Number: 20-4439810

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLAUGHLAN, TOM
6650 POSSUM RIDGE ROAD
CRESTVIEW, FL 32539 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCLAUGHLAN, TOM
Address: 6650 POSSUM RIDGE ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: VP () Delete
Name: MCLAUGHLAN, BRAD
Address: 6650 POSSUM RIDGE ROAD
City-St-Zip: CRESTVIEW, FL 32539

Title: ST () Delete
Name: MCLAUGHLAN, KATHY
Address: 6650 POSSUM RIDGE ROAD
City-St-Zip: CRESTVIEW, FL 32539

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY MCLAUGHLAN

ST

02/25/2009

Electronic Signature of Signing Officer or Director

Date