

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07941

FILED  
Jan 23, 2006  
Secretary of State

Entity Name: CHESAPEAKE UTILITIES CORPORATION

**Current Principal Place of Business:**

909 SILVER LAKE BLVD  
DOVER, DE 19904 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 615  
DOVER, DE 199030615 US

**New Mailing Address:**

FEI Number: 51-0064146      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301 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: C ( ) Delete  
Name: ADKINS, RALPH J.,  
Address: 909 SILVER LAKE BLVD  
City-St-Zip: DOVER, DE

Title: D ( ) Delete  
Name: JARDINE, JOHN W., JR.,  
Address: 909 SILVER LAKE BLVD  
City-St-Zip: DOVER, DE

Title: AT ( ) Delete  
Name: COOPER, BETH  
Address: 909 SILVER LAKE BLVD.  
City-St-Zip: DOVER, DE

Title: SVP ( ) Delete  
Name: BAREFOOT, PHILIP S.  
Address: 909 SILVER LAKE BLVD  
City-St-Zip: DOVER, DE

Title: VS ( ) Delete  
Name: BOYLES, WILLIAM C  
Address: 909 SILVER LAKE BLVD  
City-St-Zip: DOVER, DE

Title: P ( ) Delete  
Name: SCHIMKAITIS, JOHN R.,  
Address: 909 SILVER LAKE BLVD  
City-St-Zip: DOVER, DE

**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:

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 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: MICHAEL P. MCMASTERS

CFO

01/23/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date