

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000021270

Entity Name: UTILITY SAVINGS GROUP, INC.

FILED  
Apr 17, 2009  
Secretary of State

## Current Principal Place of Business:

299 BYRON AVE.  
N. FT. MYERS, FL 33917

## New Principal Place of Business:

299 BYRON AVE.  
N. FT. MYERS, FL 33917 US

## Current Mailing Address:

299 BYRON AVE.  
N. FT. MYERS, FL 33917

## New Mailing Address:

299 BYRON AVE.  
N. FT. MYERS, FL 33917 US

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAYNES, LESLIE  
299 BYRON AVE.  
N. FT. MYERS, FL 33917 US

## Name and Address of New Registered Agent:

HAYNES, LESLIE JR  
299 BYRON AVE.  
N. FT. MYERS, FL 33917 US

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: LESLIE L. HAYNES JR

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: HAYNES, LESLIE  
Address: 299 BYRON AVE.  
City-St-Zip: N. FT. MYERS, FL 33917

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: HAYNES, LESLIE JR  
Address: 299 BYRON AVE.  
City-St-Zip: N. FT. MYERS, FL 33917

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: LESLIE L. HAYNES JR

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date