


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90005 032 ***150.00

DOCUMENT # P09384 1. Entity Name UTILITY CONSULTANTS, INC.					
Principal Place of Business 1995 NORTH PARK PLACE, SUITE 400 ATLANTA GA 30339 US				Mailing Address 1995 NORTH PARK PLACE SUITE 400 ATLANTA GA 30339 US	
2. Principal Place of Business 1810 WATER PLACE Suite Apt. #, etc. 200		3. Mailing Address 1810 WATER PLACE Suite Apt. #, etc. 200			
City & State ATLANTA GA Zip 30339		City & State ATLANTA GA Zip 30339		4. FEI Number 58-1079583	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE FL 32301				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
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 reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				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	PTD GUNTER, IRVIN L 1995 NORTH PARK PLACE, SUITE 400 ATLANTA GA 30339		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LIPHAM, RONALD C 1195 NORTH PARK PLACE ATLANTA GA 30339		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/04 7709559922