

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90066 010 \*\*\*150.00

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01042005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P09384</b> 1. Entity Name: <b>UTILITY CONSULTANTS, INC.</b>			
Principal Place of Business <b>1810 WATER PLACE SUITE 200 ATLANTA, GA 30339 US</b>		Mailing Address <b>1810 WATER PLACE SUITE 200 ATLANTA, GA 30339 US</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number <b>58-1079583</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301</b>		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>S</b> <input checked="" type="checkbox"/> Delete NAME <b>GUNTER, IRVIN L</b> STREET ADDRESS <b>1995 NORTH PARK PLACE, SUITE 400</b> CITY-ST-ZIP <b>ATLANTA, GA 30339</b>		TITLE <b>CEO</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>RONALD C. LIPHAM</b> STREET ADDRESS <b>1810 WATER PLACE #200</b> CITY-ST-ZIP <b>ATLANTA GA 30339</b>	
TITLE <b>P</b> <input type="checkbox"/> Delete NAME <b>LIPHAM, RONALD C</b> STREET ADDRESS <b>4495 NORTH PARK PLACE</b> <i>x change -&gt;</i> CITY-ST-ZIP <b>ATLANTA, GA 30339</b>		TITLE <b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Ronald C. Lipham</b> STREET ADDRESS <b>1810 WATER PLACE #200</b> CITY-ST-ZIP <b>ATLANTA GA 30339</b>	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <b>1/29/05</b> 770-955-9922 Daytime Phone #	