


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000061183 1. Entity Name UTILITIES, INC OF EAGLE RIDGE	
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Principal Place of Business 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FL 32714	Mailing Address 2335 SANDERS RD. NORTHBROOK, IL 60062
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3522909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION, FL 33324
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000296211 04/09/05-80058-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO CAMAREN, JAMES L 2335 SANDERS ROAD NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO SCHUMACHER, LAWRENCE N 2335 SANDERS ROAD NORTHBROOK, IL 60062
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Lawrence N. Schumacher 3/25/05 847-498-6440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

LAWRENCE N. SCHUMACHER, PRES. & CFO