

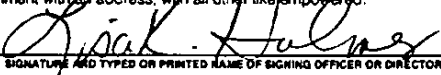


FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90007 040 ***158.75

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000061788		
1. Entity Name PUGH UTILITIES SERVICE, INC.		
Principal Place of Business 760 HENSCRATCH RD LAKE PLACID, FL 33852	Mailing Address 760 HENSCRATCH RD LAKE PLACID, FL 33852	40037142  02092006 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		
4. FEI Number 65-0603107		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable
6. Name and Address of Current Registered Agent HOLMES, DANIEL M 760 HENSCRATCH RD LAKE PLACID, FL 33852		
DO NOT WRITE IN THIS SPACE		
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)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HOLMES, DANIEL M 9818 PAYNE RD SEBRING, FL 33872	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HOLMES, LISA K 9818 PAYNE RD SEBRING, FL 33872	
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 exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/21/06 863-465-6911 <small>Date Daytime Phone</small>

ATTACHMENT



40037142

FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 13, 2006

PUGH UTILITIES SERVICE, INC.
760 HENSCRATCH RD
LAKE PLACID, FL 33852

Subject: PUGH UTILITIES SERVICE, INC.

Reference Number:

P95000061788

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION