

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000009863

FILED
Apr 29, 2004
Secretary of State

Entity Name: UTILITY MANAGEMENT, INC.

Current Principal Place of Business:

500 FEDHAVEN CIRCLE
FEDHAVEN, FL 33854

New Principal Place of Business:

Current Mailing Address:

PO BOX 8317
FEDHAVEN, FL 33854 US

New Mailing Address:

FEI Number: 59-3407002 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBIN, MARK R
777 ARTHUR GODFREY RD
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUBIN, MARK R
Address: 777 ARTHUR GODFREY RD
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: ANDREWS, ROBERT M
Address: 5032 BRANDYWINE WAY
City-St-Zip: STUART, FL 34997

Title: D () Delete
Name: DOOLEY, RICHARD
Address: 207 LAKE ST
City-St-Zip: EVANSTON, IL 60201

Title: D () Delete
Name: GIOVANNA, CHARLES DI
Address: 64 W. BROTHER DR
City-St-Zip: GREENWICH, CT 06830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK R. RUBIN

D

04/29/2004

Electronic Signature of Signing Officer or Director

_____ Date