


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90179 035 \*\*\*150.00

|   |   |
|---|---|
| <b>DOCUMENT # P96000035763</b>                    |  |
| 1. Entity Name<br><b>ACCURATE UTILITIES, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>800 BARREL AVE<br/>FORT PIERCE, FL 34982 US</b> | Mailing Address<br><b>800 BARREL AVE<br/>FORT PIERCE, FL 34982 US</b> |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br><b>4120 SELVITZ ROAD</b> | 3. Mailing Address<br><b>4120 SELVITZ ROAD</b> |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                            |

|                                       |                                       |
|---------------------------------------|---------------------------------------|
| City & State<br><b>Fort Pierce FL</b> | City & State<br><b>Fort Pierce FL</b> |
| Zip<br><b>34981</b>                   | Zip<br><b>34981</b>                   |
| Country<br><b>USA</b>                 | Country<br><b>USA</b>                 |



04162007 Chg-P CR2E034 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>65-0672774</b> | Applied For<br><input type="checkbox"/>    |
|                                    | Not Applicable<br><input type="checkbox"/> |

|  |                                       |
|--|---------------------------------------|
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|--|---------------------------------------|

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>WHITESIDE, DAVID E<br/>2005 WINDING CREEK LANE<br/>FORT PIERCE, FL 34981</b> |  |
|--|--|

|  |  |
|--|--|
| 7. Name and Address of New Registered Agent<br>Name <b>DAVID E WHITESIDE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>4120 SELVITZ ROAD</b><br>City <b>Fort Pierce</b> FL Zip Code <b>34981</b> |  |
|--|--|

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 David Whiteside 4-16-07  
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<br/>After May 1, 2007 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>P<br/>WHITESIDE, DAVID E<br/>2005 WINDING CREEK LANE<br/>FORT PIERCE, FL 34981</b> <input type="checkbox"/> Delete      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VP<br/>WHITESIDE, STEPHANIE R<br/>2005 WINDING CREEK LANE<br/>FORT PIERCE, FL 34981</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>P<br/>David E Whiteside<br/>4120 selvitz rd<br/>Fort Pierce FL 34981</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <b>VP<br/>Whiteside Stephanie R<br/>4120 Selvitz rd<br/>Fort Pierce FL 34981</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: David E Whiteside 4-16-07 772489-4411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR