

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000035763

**Entity Name:** ACCURATE UTILITIES, INC.

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2005 WINDING CREEK LN  
FORT PIERCE, FL 34981 US

**New Principal Place of Business:**

5475 NW ST. JAMES DRIVE #142  
PORT ST. LUCIE, FL 34983 US

**Current Mailing Address:**

5475 NW ST. JAMES DRIVE #142  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 65-0672774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WHITESIDE, DAVID E  
2005 WINDING CREEK LN  
FORT PIERCE, FL 34981 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WHITESIDE, DAVID E  
Address: 2005 WINDING CREEK LN  
City-St-Zip: FORT PIERCE, FL 34981

Title: VP  
Name: WHITESIDE, STEPHANIE R  
Address: 2005 WINDING CREEK LN  
City-St-Zip: FORT PIERCE, FL 34981

I hereby 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 all other like empowered.

SIGNATURE: DAVID WHITESIDE

P

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date