


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90366 014 \*\*\*150.00

<b>DOCUMENT # P98000001359</b> 1. Entity Name FLORIDA GULF UTILITIES, INC.																																																																																																					
Principal Place of Business <b>24331 PRODUCTION CR. BONITA SPRINGS, FL 34135</b>			Mailing Address <b>24331 PRODUCTION CR. BONITA SPRINGS, FL 34135</b>																																																																																																		
2. Principal Place of Business <b>21159 Braxfield Loop</b>			3. Mailing Address <b>21159 Braxfield Loop</b>																																																																																																		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 																																																																																																		
City & State <b>ESTERO, FL</b>			City & State <b>ESTERO, FL</b>																																																																																																		
Zip <b>33928</b>			Zip <b>33928</b>																																																																																																		
Country <b>USA</b>			Country <b>USA</b>																																																																																																		
4. FEI Number <b>59-3484716</b>			Applied For <input type="checkbox"/> Not Applicable																																																																																																		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required																																																																																																		
6. Name and Address of Current Registered Agent  <b>MARCHETH, JULIA R 21252 BLAXFIELD LOOP ESTERO, FL 33928</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>21159 Braxfield Loop</b> City <b>ESTERO, FL</b>																																																																																																		
Zip Code <b>33928</b>			Zip Code <b>33928</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 <u><i>[Signature]</i></u> DATE <u>4/27/06</u> <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																																																																																		
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>MARCHETTI, MICHAEL</b></td> <td></td> <td>STREET ADDRESS</td> <td><b>21159 Braxfield Loop</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>BONITA SPRINGS, FL 34135</b></td> <td></td> <td>CITY-ST-ZIP</td> <td><b>ESTERO, FL 33928</b></td> <td></td> </tr> <tr> <td>TITLE</td> <td><b>MARCHETTI, JULIA R</b></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td><b>SAME</b></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>24331 PRODUCTION CIRCLE</b></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>BONITA SPRINGS, FL 34135</b></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>MARCHETTI, MICHAEL</b>		STREET ADDRESS	<b>21159 Braxfield Loop</b>		CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP	<b>ESTERO, FL 33928</b>		TITLE	<b>MARCHETTI, JULIA R</b>	<input type="checkbox"/> Delete	TITLE	<b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS	<b>24331 PRODUCTION CIRCLE</b>		STREET ADDRESS			CITY-ST-ZIP	<b>BONITA SPRINGS, FL 34135</b>		CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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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: <u><i>[Signature]</i></u> DATE <u>4/27/06</u> DAYTIME PHONE # <u>239 947-7660</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																					

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