

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 8:00 am
Secretary of State

04-20-2007 90094 002 ***150.00

DOCUMENT # P98000005768

1. Entity Name
WS UTILITY, INC.



Principal Place of Business
**6450 JUNIOR COLLEGE ROAD
KEY WEST, FL 33040**

Mailing Address
**6450 JUNIOR COLLEGE ROAD
KEY WEST, FL 33040**

66015866



DO NOT WRITE IN THIS SPACE

02142007 No Chg-P CR2E034 (11/05)

4. FEI Number
36-3080794

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, WILLIAM L JR
6450 JUNIOR COLLEGE ROAD
KEY WEST, FL 33040**

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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

William Smith
Signature, typed or printed name of registered agent and fee applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!! FEB 19 \$150.00
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, WILLIAM L JR
6450 JUNIOR COLLEGE ROAD
KEY WEST, FL 33040**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 807, 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 the empowered.

SIGNATURE:

William Smith
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

5/15/07
Date

Daytime Phone