

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90023 002 ***150.00

DOCUMENT # P98000017832

1. Entity Name

PALM CAY UTILITIES, INC.



Principal Place of Business

8888 SOUTHWEST STATE ROAD 200
OCALA FL 34481
US

Mailing Address

1720 SOUTHWEST 55TH LANE
OCALA FL 34474
US



2. Principal Place of Business - No P.O. Box #

1720 S.W. 55TH LANE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA Florida

City & State

4. FEI Number 59-3533848

Applied For
Not Applicable

Zip

34474

Country

USA

Zip

34474

Country

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

6. Name and Address of Current Registered Agent

JONES, RICHARD T
912 N.E. 2ND STREET
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name Richard T. Jones

Street Address (P.O. Box Number is Not Acceptable)

204 W. University Avenue, Suite 7

City Gainesville

FL

Zip Code 32601

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/13/07

FILE NOW!! FEE IS \$150.00

After May 1, 2007 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME KURTZ, KAY O
STREET ADDRESS 1720 SOUTHWEST 55TH LANE
CITY - ST - ZIP Ocala FL 34474 ☐ Delete

TITLE D
NAME KURTZ, JON M
STREET ADDRESS 1720 SOUTHWEST 55TH LANE
CITY - ST - ZIP Ocala FL 34474 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/07

Date

352-361-4524

Daytime Phone #