

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90026 022 ***150.00

DOCUMENT # P98000017832

1. Entity Name

PALM CAY UTILITIES, INC.



Principal Place of Business

1780 SW 55TH LN
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.

OCALA Florida

City & State

City & State

~~34474~~

Zip
34471-0140

Country
U.S.

Zip
34471-0140

Country

4. FEI Number 59-3533848

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, RICHARD T
204 W. UNIVERSITY AVE., STE 7
GAINESVILLE FL 32601

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KURTZ, KAY O
1720 SOUTHWEST 55TH LANE
OCALA FL 34474 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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

Date

Daytime Phone #

3/4/08

352-361-7522