2006 FOR PROFIT CORPORATION ANNUAL REPORT

May 05, 2006 8:00 am Secretary of State 05-05-2006 90179 039 ***158.75 **DOCUMENT # P98000033434** 1. Entity Name OCALA SPRINGS UTILITIES INC. Principal Place of Business Mailing Address 4837 SWIFT ROAD 4837 SWIFT ROAD SUITE 100 SUITE 100 SARASOTA, FL 34231 SARASOTA, FL 34231 3. Mailing Address 2. Principal Place of Business 201 ALHAMBRA PO BOX 0 26 000 Suite, Apt. #, etc Suite, Apt. #, etc. 04042006 CR2E034 (11/05) FLOOR City & State City & State 4. FEI Number Applied For DRAL 6ABLES MLAMI 65-0830509 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33124 33102 ALLAMI-DADE MIBMI DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GETMAN, DENNIS J 201 ALHAMBRA CIR., 12TH FLOOR Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES, FL 33134 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 reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDC TITLE X Delete TITLE ☐ Change Addition NAME ACOSTA, MICHAEL NAME STREET ADDRESS 4837 SWIFT RD #100 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-7IP TITLE P, D ☐ Delete TITLE Change ■ Addition GETMAN, DENNIS J NAME NAME STREET ADDRESS 201 ALHAMBRA CIR STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-7IP TITLE **V**, **T**, **D** ☐ Delete TITLE Change ☐ Addition NAME MCNAIRY, CHARLES L NAME STREET ADORESS 201 ALHAMBRA CIR STREET ADDRESS CITY-ST-7IP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE OTV Delete TITLE Change Addition MURPHY, MICHAEL E NAME STREET ADDRESS 4837 SWIFT ROAD, SUITE 100 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP TITLE Delete TITLE Change Addition CHUBBUCK, ANITA J NAME NAME STREET ADDRESS 4837 SWIFT RD #100 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP ☐ Delete TITLE Change Addition KERRIGAN, JUAN 174 I NAME NAME STREET ADDRESS 201 AUTOMBRA CIRCLE CORDI GARDIES FL 3 STREET ADDRESS CITY-ST-ZIP 33134 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

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