

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000065504**

1. Entity Name  
**CENTERLINE UTILITIES, INC.**



Principal Place of Business  
**15159 101ST TERR N  
JUPITER, FL 33478**

Mailing Address  
**15159 101ST TERR N  
JUPITER, FL 33478**



02202007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0849488**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CHERRY, RICHARD G  
3409 N. MILITARY TRAIL  
SUITE 123  
PALM BEACH GARDENS, FL 33410**

**DO NOT WRITE  
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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**000000673802  
03/29/07-80043-024 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CHESNEY, FREDRICK H
STREET ADDRESS	1260 CORAL WAY
CITY- ST- ZIP	RIVIERA, FL 33404
TITLE	DT
NAME	CHESNEY, MARGUERITE
STREET ADDRESS	1260 CORAL WAY
CITY- ST- ZIP	RIVIERA, FL 33404
TITLE	DVS
NAME	CHESNEY, FREDERICK H JR.
STREET ADDRESS	2005 20TH LANE
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33418

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(561)

689-3917