



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2005 8:00 am**  
**Secretary of State**

01-11-2005 90011 024 \*\*\*150.00

<b>DOCUMENT # P99000019133</b> 1. Entity Name A-ONE UTILITIES, INC.					
Principal Place of Business 6149 QUIET COUNTRY LANE JACKSONVILLE, FL 32218				Mailing Address 6149 QUIET COUNTRY LANE JACKSONVILLE, FL 32218	
2. Principal Place of Business 10128 IOWA AVE Suite, Apt. #, etc.		3. Mailing Address 10128 IOWA AVE Suite, Apt. #, etc.			
City & State JAX FL.		City & State JAX FL.		4. FEI Number 59-3580569	
Zip 32219		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAKOFKA, LESTER 24 N MARKET STS UITE #402 JACKSONVILLE, FL 32202				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: <u>David R Bruno</u> <b>DAVID R. BRUNO PRES.</b> 1-10-05 <small>(Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.) DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRUNO, DAVID R 10128 IOWA AVE JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRUNO, MENDY S 10128 IOWA AVE. JACKSONVILLE, FL 32219	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____ _____ _____	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>David R Bruno</u> <b>DAVID R BRUNO PRES</b> 1-10-05 695-3324 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					