2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 31, 2005 8:00 am Secretary of State

DOCUMENT # P9900029595 1. Entity Name NOCATEE UTILITY CORPORATION						03-31-2005 9	0047 004	***150	.00
Principal Place	of Business	Mailing Address							
4310 PABLO OAKS CT. Jacksonville, Fl 32224		4310 PABLO OAKS CT. IACKSONVILLE, FL 32224							
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2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03082005	Chg-P	CR2E034	(10/03)	
City & State		City & State			4. FEI Numbe 59-3568				olied For Applicable
Zip Country		Zip Country		try	5. Certificate	of Status Desired		.75 Addi e Required	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Re			
LEADLEV	DODEDT A	<u> </u>		Name		-			
LEAPLEY, ROBERT A 200 W. FORSYTH ST., STE. 1400 JACKSONVILLE, FL 32202				Street Address (P.O. Box Number is Not Acceptable)					
				City			FL	Zip Code	•
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registere	ed office or regis	stered agent, or bot	h, in the State of Flor	rida. I am farr	niliar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	E: Registere	d Agent signature requ	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign F Trust Fund Contributi					5.00 May Be				
		00 Flust Fund Cont	ribution.	<u> </u>	Added to Fees			_	
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFFI			
10. TITLE NAME				v V	ADDITIONS/			IRECTORS Change	S IN 11 (X) Addition
TITLE NAME STREET ADDRESS	D DAVIS, ROBERT D 4310 PABLO OAKS CT.	DIRECTORS	11. TITLI NAM STRE	E V E Z.	ADDITIONS/	E. ELLIS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, ROBERT D 4310 PABLO OAKS CT. JACKSONVILLE, FL 32224	DIRECTORS Delete	11.	E V E Z. EET ADDRESS 4 -ST-ZIP J	ADDITIONS/ AHRA JR., 310 PABLO	E. ELLIS	24] Change	★ Addition
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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

Date

Date

Designation of the roce of the chapter of t