


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-31-2005 90044 012 ***150.00

DOCUMENT # F66138 1. Entity Name OCALA OAKS UTILITIES, INC.			
Principal Place of Business 411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219 US		Mailing Address 411 SEVENTH AVENUE 14TH FLOOR PITTSBURGH, PA 15219 US	
2. Principal Place of Business 762 W. Lancaster Ave Suite, Apt. #, etc.		3. Mailing Address 762 W. Lancaster Ave Suite, Apt. #, etc.	
City & State Bryn Mawr, PA Zip 19010 Country USA		City & State Bryn Mawr, PA Zip 19010 Country USA	
4. FEI Number 59-2158762		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324		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 _____ (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	PD HOFFMANN, FRANK A <input checked="" type="checkbox"/> Delete	TITLE	Director and Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMANN, FRANK A	NAME	Nicholas DeBenedictis
STREET ADDRESS	411 SEVENTH AVENUE 14TH FLOOR	STREET ADDRESS	762 W. Lancaster Ave.
CITY-ST-ZIP	PITTSBURGH, PA 15219	CITY-ST-ZIP	Bryn Mawr, PA 19010
TITLE	VS <input checked="" type="checkbox"/> Delete	TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANEK, MARTIN J	NAME	Richard D. Hugus
STREET ADDRESS	411 SEVENTH AVENUE 14TH FLOOR	STREET ADDRESS	762 W. Lancaster Ave.
CITY-ST-ZIP	PITTSBURGH, PA 15219	CITY-ST-ZIP	Bryn Mawr, PA 19010
TITLE	VCFO <input checked="" type="checkbox"/> Delete	TITLE	Glenn P. LaBrecque <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VILLIOTI, ANTHONY J	NAME	Vice President-Operations
STREET ADDRESS	411 SEVENTH AVENUE 14TH FLOOR	STREET ADDRESS	762 W. Lancaster Ave.
CITY-ST-ZIP	PITTSBURGH, PA 15219	CITY-ST-ZIP	Bryn Mawr, PA 19010
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	Roy H. Stahl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COLIN, MARY D	NAME	Vice President and Secretary
STREET ADDRESS	411 SEVENTH AVENUE 14TH FLOOR	STREET ADDRESS	762 W. Lancaster Ave.
CITY-ST-ZIP	PITTSBURGH, PA 15219	CITY-ST-ZIP	Bryn Mawr, PA 19010
TITLE	C <input checked="" type="checkbox"/> Delete	TITLE	Vice President and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HILES, BRYAN K	NAME	Kathy L. Pape
STREET ADDRESS	411 SEVENTH AVENUE 14TH FLOOR	STREET ADDRESS	762 W. Lancaster Ave.
CITY-ST-ZIP	PITTSBURGH, PA 15219	CITY-ST-ZIP	Bryn Mawr, PA 19010
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	Controller <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LABRECQUE, GLENN P	NAME	James Chukinas
STREET ADDRESS	6960 PROFESSIONAL PARKWAY EAST, STE. 400	STREET ADDRESS	762 W. Lancaster Ave.
CITY-ST-ZIP	SARASOTA, FL 34240	CITY-ST-ZIP	Bryn Mawr, PA 19010
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 3/10/05 Daytime Phone # 410-527-8000	