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WATER AND/OR WASTEWATER UTILITIES

(Gross Revenue of Less Than \$200,000 Each)

ANNUAL REPORT

OF
WU690-04-AR
Kincaid Hills Water Company
P. O. Box 579
Gainesville, FL 32602-0579

Submitted to the

STATE OF FLORIDA

PUBLIC SERVICE COMMISSION

FOR THE

YEAR ENDED DECEMBER 31, 2004

Form PSC/ECR 006-W (Rev. 12/99)

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FINANCIAL

SECTION

REPORT OF

Kincaid Hills Water Co

(EXACT NAME OF UTILITY)

P.O. Box 579 Gainesville, FL 32602	3260 SE 19 Ave Gainesville, FL	Alachua
Mailing Address	Street Address	County

Telephone Number 352/373-0729 Date Utility First Organized ##

Fax Number _____ E-mail Address _____

Sunshine State One-Call of Florida, Inc. Member No. _____

Check the business entity of the utility as filed with the Internal Revenue Service:

Individual
 Sub Chapter S Corporation
 1120 Corporation
 Partnership

Name, Address and phone where records are located: Kincaid Hills, Devonshire Estates, Kreftwood, Shady Lawn

Name of subdivisions where services are provided: _____

CONTACTS:

Name	Title	Principle Business Address	Salary Charged Utility
Person to send correspondence: <u>Berdell Knowles</u>	<u>Mgr</u>	<u>P.O. Box 579</u> <u>Gainesville, FL</u>	
Person who prepared this report: <u>Same</u>	_____	_____	
Officers and Managers:	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Report every corporation or person owning or holding directly or indirectly 5 percent or more of the voting securities of the reporting utility:

Name	Percent Ownership in Utility	Principle Business Address	Salary Charged Utility
<u>Berdell Knowles</u>	<u>100%</u>	<u>above</u>	\$ _____ <u>0</u>
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

UTILITY NAME: Kincaid Hills Water Co

YEAR OF REPORT	
DECEMBER 31,	2004

INCOME STATEMENT

Account Name	Ref. Page	Water	Wastewater	Other	Total Company
Gross Revenue:					
Residential_____		\$ <u>46137</u>	\$ _____	\$ _____	\$ <u>46137</u>
Commercial_____		_____	_____	_____	_____
Industrial_____		_____	_____	_____	_____
Multiple Family_____		_____	_____	_____	_____
Guaranteed Revenues_____		_____	_____	_____	_____
Other (Specify)_____		_____	_____	_____	_____
Total Gross Revenue_____		\$ <u>46137</u>	\$ _____	\$ _____	\$ <u>46137</u>
Operation Expense (Must tie to pages W-3 and S-3)	W-3 S-3	\$ <u>31814</u>	\$ _____	\$ _____	\$ <u>31814</u>
Depreciation Expense_____	F-5	<u>19399</u>	_____	_____	<u>19399</u>
CIAC Amortization Expense_____	F-8	_____	_____	_____	_____
Taxes Other Than Income_____	F-7	<u>5200</u>	_____	_____	<u>5200</u>
Income Taxes_____	F-7	_____	_____	_____	_____
Total Operating Expense		\$ <u>56413</u>	_____	_____	\$ <u>56413</u>
Net Operating Income (Loss)		\$ <u>(10276)</u>	\$ _____	\$ _____	\$ <u>(10276)</u>
Other Income:					
Nonutility Income_____		\$ _____	\$ _____	\$ _____	\$ _____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
Other Deductions:					
Miscellaneous Nonutility Expenses_____		\$ _____	\$ _____	\$ _____	\$ _____
Interest Expense_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
_____		_____	_____	_____	_____
Net Income (Loss)		\$ <u>(10276)</u>	\$ _____	\$ _____	\$ <u>(10276)</u>

UTILITY NAME: Kincaid Hills Water Co

YEAR OF REPORT DECEMBER 31, 2004

COMPARATIVE BALANCE SHEET

ACCOUNT NAME	Reference Page	Current Year	Previous Year
Assets:			
Utility Plant in Service (101-105) -----	F-5,W-1,S-1	\$ <u>365338</u>	\$ <u>364538</u>
Accumulated Depreciation and Amortization (108) -----	F-5,W-2,S-2	<u>216076</u>	<u>202590</u>
Net Utility Plant -----		\$ <u>149262</u>	\$ <u>161948</u>
Cash -----		<u>1200</u>	<u>1200</u>
Customer Accounts Receivable (141) -----			
Other Assets (Specify): -----		<u>1300</u>	<u>1345</u>

Total Assets -----		\$ <u><u>151762</u></u>	\$ <u><u>164493</u></u>
Liabilities and Capital:			
Common Stock Issued (201) -----	F-6	<u>200</u>	<u>200</u>
Preferred Stock Issued (204) -----	F-6		
Other Paid in Capital (211) -----			
Retained Earnings (215) -----	F-6	<u>88054</u>	<u>98330</u>
Proprietary Capital (Proprietary and partnership only) (218) -----	F-6		
Total Capital -----		\$ <u><u>88254</u></u>	\$ <u><u>98530</u></u>
Long Term Debt (224) -----	F-6	\$ <u>0</u>	\$ <u>3102</u>
Accounts Payable (231) -----			
Notes Payable (232) -----			
Customer Deposits (235) -----		<u>5760</u>	<u>5760</u>
Accrued Taxes (236) -----			
Other Liabilities (Specify) -----		<u>57748</u>	<u>57101</u>

Advances for Construction -----			
Contributions in Aid of Construction - Net (271-272) -----	F-8		
Total Liabilities and Capital -----		\$ <u><u>151762</u></u>	\$ <u><u>164493</u></u>

UTILITY NAME Kincaid Hills Water Co

YEAR OF REPORT 31-Dec-04

GROSS UTILITY PLANT

Plant Accounts: (101 - 107) inclusive	Water	Wastewater	Plant other Than Reporting Systems	Total
Utility Plant in Service (101)	\$ <u>365338</u>	\$ _____	\$ _____	\$ <u>365338</u>
Construction Work in Progress (105) _____	_____ 0	_____	_____	_____ 0
Other (Specify) _____	_____ 0	_____	_____	_____ 0
_____	_____	_____	_____	_____ 0
_____	_____	_____	_____	_____ 0
Total Utility Plant _____	\$ <u>365338</u>	\$ _____	\$ _____	\$ <u>365338</u>

ACCUMULATED DEPRECIATION (A/D) AND AMORTIZATION OF UTILITY PLANT

Account 108	Water	Wastewater	Other Than Reporting Systems	Total
Balance First of Year _____	\$ <u>202590</u>	\$ _____	\$ _____	\$ <u>202590</u>
Add Credits During Year:				
Accruals charged to depreciation account _____	\$ <u>19399</u>	\$ _____	\$ _____	\$ <u>19399</u>
Salvage _____	_____	_____	_____	_____
Other Credits (specify) _____	_____	_____	_____	_____
Total Credits _____	\$ <u>19399</u>	\$ _____	\$ _____	\$ <u>19399</u>
Deduct Debits During Year:				
Book cost of plant retired _____	\$ _____	\$ _____	\$ _____	\$ _____
Cost of removal _____	_____	_____	_____	_____
Other debits (specify) _____	_____	_____	_____	_____
Total Debits _____	\$ <u>0</u>	\$ _____	\$ _____	\$ _____
Balance End of Year _____	\$ <u>221989</u>	\$ _____	\$ _____	\$ <u>221989</u>

UTILITY NAME: Kincaid Hills Water Co

YEAR OF REPORT DECEMBER 31, 2004

CAPITAL STOCK (201 - 204)

	Common Stock	Preferred Stock
Par or stated value per share _____	1000	_____
Shares authorized _____	7500	_____
Shares issued and outstanding _____	200	_____
Total par value of stock issued _____	200	_____
Dividends declared per share for year _____	0	_____

RETAINED EARNINGS (215)

	Appropriated	Un- Appropriated
Balance first of year _____	\$ _____	\$ 98330
Changes during the year (Specify): _____ _____	_____ _____	(10276) _____
Balance end of year _____	\$ _____	\$ 88054

PROPRIETARY CAPITAL (218)

	Proprietor Or Partner	Partner
Balance first of year _____	\$ _____	\$ _____
Changes during the year (Specify): _____ _____	_____ _____	_____ _____
Balance end of year _____	\$ _____	\$ _____

LONG TERM DEBT (224)

Description of Obligation (Including Date of Issue and Date of Maturity):	Interest		Principal per Balance Sheet Date
	Rate	# of Pymts	
_____	_____	_____	\$ _____
_____	_____	_____	_____
Total _____			\$ _____

UTILITY NAME: Kincaid Hills Water Co

YEAR OF REPORT DECEMBER 31, 2004

TAX EXPENSE

(a)	Water (b)	Wastewater (c)	Other (d)	Total (e)
Income Taxes:				
Federal income tax _____	\$ 0	\$ _____	\$ _____	\$ 0
State income Tax _____	0	_____	_____	0
Taxes Other Than Income:				
State ad valorem tax _____	_____	_____	_____	0
Local property tax _____	3300	_____	_____	3300
Regulatory assessment fee _____	1900	_____	_____	1900
Other (Specify) _____	_____	_____	_____	0
_____	_____	_____	_____	0
_____	_____	_____	_____	0
Total Tax Expense _____	\$ 5200	\$ _____	\$ _____	\$ 5200

PAYMENTS FOR SERVICES RENDERED BY OTHER THAN EMPLOYEES

Report all information concerning outside rate, management, construction, advertising, labor relations, public relations, or other similiar professional services rendered the respondent for which aggregate payments during the year to any corporation, partnership, individual, or organization of any kind whatever amounting to \$500 or more.

Name of Recipient	Water Amount	Wastewater Amount	Description of Service
Anderson Knowles _____	\$ 600	\$ _____	operations _____
Cris Knowles _____	\$ 5200	\$ _____	operations _____
Marilynn Knowles _____	\$ 2400	\$ _____	clerical/billing _____
Jonathan Williams _____	\$ 800	\$ _____	operations _____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____

**WATER
OPERATING
SECTION**

UTILITY NAME: Kincaid Hills Water Co

YEAR OF REPORT DECEMBER 31, 2004

WATER UTILITY PLANT ACCOUNTS

Acct. No. (a)	Account Name (b)	Previous Year (c)	Additions (d)	Retirements (e)	Current Year (f)
301	Organization	\$ 0	\$	\$	\$ 0
302	Franchises	0			0
303	Land and Land Rights	14000			14000
304	Structures and Improvements	6000			6000
305	Collecting and Impounding Reservoirs	0			0
306	Lake, River and Other Intakes	0			0
307	Wells and Springs	3800			3800
308	Infiltration Galleries and Tunnels	0			0
309	Supply Mains	0			0
310	Power Generation Equipment	18300			18300
311	Pumping Equipment	10120			10120
320	Water Treatment Equipment	965			965
330	Distribution Reservoirs and Standpipes	29155			29155
331	Transmission and Distribution Lines	148580			148580
333	Services	0			0
334	Meters and Meter Installations	60155	800		60955
335	Hydrants	0			0
336	Backflow Prevention Devices	0			0
339	Other Plant and Miscellaneous Equipment	6400			6400
340	Office Furniture and Equipment	5913			5913
341	Transportation Equipment	56848			56848
342	Stores Equipment	0			0
343	Tools, Shop and Garage Equipment	1200			1200
344	Laboratory Equipment	200			200
345	Power Operated Equipment	2552			2552
346	Communication Equipment	350			350
347	Miscellaneous Equipment	0			0
348	Other Tangible Plant	0			0
	Total Water Plant	\$ 364538	\$ 800	0	365338

UTILITY NAME: Kincaid Hills Water Co.

YEAR OF REPORT
DECEMBER 31, 2004

ANALYSIS OF ACCUMULATED DEPRECIATION BY PRIMARY ACCOUNT - WATER

Acct. No. (a)	Account (b)	Average Service Life in Years (c)	Average Salvage in Percent (d)	Depr. Rate Applied (e)	Accumulated Depreciation Balance Previous Year (f)	Debits (g)	Credits (h)	Accum. Depr. Balance End of Year (f-g+h=i) (i)
304	Structures and Improvements	30.0	%	0.0333 %	\$ 3380	\$	\$ 200	\$ 3580
305	Collecting and Impounding Reservoirs		%	%				
306	Lake, River and Other Intakes		%	%				
307	Wells and Springs	40	=	0.025 %	1710		95	1805
308	Infiltration Galleries & Tunnels		%	%				
309	Supply Mains		%	%				
310	Power Generating Equipment	10	%	0.1 %	18300			18300
311	Pumping Equipment	5	%	0.2 %	10120			10120
320	Water Treatment Equipment	5	%	0.2 %	965			965
330	Distribution Reservoirs & Standpipes	30	%	0.0333 %	9675		972	10647
331	Trans. & Dist. Mains	40	%	0.025 %	66867		3715	70582
333	Services	40	%	0.025 %				
334	Meter & Meter Installations	20	%	0.05 %	49950		3048	52998
335	Hydrants		%	%				
336	Backflow Prevention Devices		%	%				
339	Other Plant and Miscellaneous Equipment	5	%	0.2 %	6400			6400
340	Office Furniture and Equipment	5	%	0.2 %	5913			
341	Transportation Equipment	5	%	0.2 %	25008		11370	36378
342	Stores Equipment	5	%	0.2 %				0
343	Tools, Shop and Garage Equipment	10	%	0.1 %	1200			1200
344	Laboratory Equipment	3	%	0.3333 %	200			200
345	Power Operated Equipment	5	%	0.2 %	2552			2552
346	Communication Equipment	3	%	0.3333 %	350			350
347	Miscellaneous Equipment	5	%	0.2 %				
348	Other Tangible Plant		%	%				
	Totals				\$ 202590	\$	\$ 19399	\$ 216076 *

* This amount should tie to Sheet F-5.

WATER OPERATION AND MAINTENANCE EXPENSE

Acct. No.	Account Name	Amount
601	Salaries and Wages - Employees_____	\$ 0
603	Salaries and Wages - Officers, Directors, and Majority Stockholders_____	0
604	Employee Pensions and Benefits_____	0
610	Purchased Water_____	0
615	Purchased Power_____	8400
616	Fuel for Power Production_____	0
618	Chemicals_____	614
620	Materials and Supplies_____	4655
630	Contractual Services:	
	Billing_____	2400
	Professional_____	0
	Testing_____	2600
	Other_____	6600
640	Rents_____	0
650	Transportation Expense_____	2215
655	Insurance Expense_____	0
665	Regulatory Commission Expenses (Amortized Rate Case Expense)_____	1900
670	Bad Debt Expense_____	1100
675	Miscellaneous Expenses_____	1330
	Total Water Operation And Maintenance Expense_____	\$ 31814 *

* This amount should tie to Sheet F-3.

WATER CUSTOMERS

Description (a)	Type of Meter ** (b)	Equivalent Factor (c)	Number of Active Customers		Total Number of Meter Equivalents (c x e) (f)
			Start of Year (d)	End of Year (e)	
Residential Service					
5/8"	D	1.0	318	322	322
3/4"	D	1.5			
1"	D	2.5			
1 1/2"	D,T	5.0			
General Service					
5/8"	D	1.0			
3/4"	D	1.5			
1"	D	2.5			
1 1/2"	D,T	5.0			
2"	D,C,T	8.0			
3"	D	15.0			
3"	C	16.0			
3"	T	17.5			
Unmetered Customers					
Other (Specify)					
Total					<u>322</u>

** D = Displacement
C = Compound
T = Turbine

UTILITY NAME: _____ Kincaid Hills Water Co

YEAR OF REPORT DECEMBER 31, 2004

SYSTEM NAME: _____

PUMPING AND PURCHASED WATER STATISTICS

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)] (e)	Water Sold To Customers (Omit 000's) (f)
January_____	_____	2582	_____	2582	2163
February_____	_____	2714	_____	2714	2285
March_____	_____	2713	_____	2713	2268
April_____	_____	3668	_____	3668	3383
May_____	_____	4248	_____	4248	3579
June_____	_____	3345	_____	3345	2814
July_____	_____	3170	_____	3170	2670
August_____	_____	3957	_____	3957	2849
September_____	_____	3582	_____	3582	3454
October_____	_____	3214	_____	3214	2368
November_____	_____	3195	_____	3195	2394
December_____	_____	3245	_____	3245	2902
Total for Year_____	_____	39633	_____	39633	33128

If water is purchased for resale, indicate the following:

Vendor _____
Point of delivery _____

If water is sold to other water utilities for redistribution, list names of such utilities below:

MAINS (FEET)

Kind of Pipe (PVC, Cast Iron, Coated Steel, etc.)	Diameter of Pipe	First of Year	Added	Removed or Abandoned	End of Year
Galv. Iron (GIP)	2"	17,000	_____	_____	17,000
Galv. Iron (GIP)	3"	3,800	_____	_____	3,800
Galv. Iron (GIP)	4"	3,400	_____	_____	3,400
Transite	6"	5,200	_____	_____	5,200
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

UTILITY NAME: _____ Kincaid Hills Water Co

YEAR OF REPORT DECEMBER 31, 2004

SYSTEM NAME: _____

WELLS AND WELL PUMPS

(a)	(b)	(c)	(d)	(e)
Year Constructed _____	1965	1965	1965	_____
Types of Well Construction and Casing _____	Rotary	Rotary	_____	_____
_____	_____	_____	_____	_____
Depth of Wells _____	215'	220'	_____	_____
Diameters of Wells _____	8"	6"	_____	_____
Pump - GPM _____	150	120	_____	_____
Motor - HP _____	20	15	_____	_____
Motor Type *	Submersible	Submersible	_____	_____
Yields of Wells in GPD _____	321120	256320	_____	_____
Auxiliary Power _____	generator	generator	_____	_____
* Submersible, centrifugal, etc.				

RESERVOIRS

(a)	(b)	(c)	(d)	(e)
Description (steel, concrete)	Steel	Steel	Steel	_____
Capacity of Tank _____	5 kgal	3 kgal	1 kgal	_____
Ground or Elevated _____	Elevated	Elevated	Ground	_____

HIGH SERVICE PUMPING

(a)	(b)	(c)	(d)	(e)
Motors				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Rated Horsepower _____	_____	_____	_____	_____
Pumps				
Manufacturer _____	_____	_____	_____	_____
Type _____	_____	_____	_____	_____
Capacity in GPM _____	_____	_____	_____	_____
Average Number of Hours Operated Per Day _____	_____	_____	_____	_____
Auxiliary Power _____	_____	_____	_____	_____

UTILITY NAME: _____ Kincaid Hills Water Co

YEAR OF REPORT DECEMBER 31, 2004

SOURCE OF SUPPLY

List for each source of supply (Ground, Surface, Purchased Water etc.)			
Permitted Gals. per day_____	578,400	_____	_____
Type of Source_____	Aquifer	_____	_____

WATER TREATMENT FACILITIES

List for each Water Treatment Facility:			
Type_____	Hypochlorite	_____	_____
Make_____	N/A	_____	_____
Permitted Capacity (GPD)_____	578,400	_____	_____
High service pumping	N/A	_____	_____
Gallons per minute_____	N/A	_____	_____
Reverse Osmosis_____	N/A	_____	_____
Lime Treatment	_____	_____	_____
Unit Rating_____	N/A	_____	_____
Filtration	_____	_____	_____
Pressure Sq. Ft._____	N/A	_____	_____
Gravity GPD/Sq.Ft._____	N/A	_____	_____
Disinfection	_____	_____	_____
Chlorinator_____	578,400	_____	_____
Ozone_____	N/A	_____	_____
Other_____	N/A	_____	_____
Auxiliary Power_____	Generator	_____	_____

UTILITY NAME: _____ Kincaid Hills Water Co

YEAR OF REPORT
DECEMBER 31, 2004

SYSTEM NAME: _____

GENERAL WATER SYSTEM INFORMATION

Furnish information below for each system. A separate page should be supplied where necessary.

- 1. Present ERC's * the system can efficiently serve. _____ 322
- 2. Maximum number of ERC's * which can be served. _____ 800
- 3. Present system connection capacity (in ERCs *) using existing lines. _____ 400
- 4. Future connection capacity (in ERCs *) upon service area buildout. _____
- 5. Estimated annual increase in ERCs *. _____ 0
- 6. Is the utility required to have fire flow capacity? _____ no
If so, how much capacity is required? _____
- 7. Attach a description of the fire fighting facilities.
- 8. Describe any plans and estimated completion dates for any enlargements or improvements of this system.

- 9. When did the company last file a capacity analysis report with the DEP? _____
- 10. If the present system does not meet the requirements of DEP rules, submit the following:
 - a. Attach a description of the plant upgrade necessary to meet the DEP rules.
 - b. Have these plans been approved by DEP? _____
 - c. When will construction begin? _____
 - d. Attach plans for funding the required upgrading.
 - e. Is this system under any Consent Order with DEP? _____
- 11. Department of Environmental Protection ID # _____ 2010612
- 12. Water Management District Consumptive Use Permit # _____
 - a. Is the system in compliance with the requirements of the CUP? _____
 - b. If not, what are the utility's plans to gain compliance? _____

* An ERC is determined based on one of the following methods:
(a) If actual flow data are available from the preceding 12 months:
Divide the total annual single family residence (SFR) gallons sold by the average number of single family residents (SFR) gallons sold by the average number of single family residence customers for the same period and divide the result by 365 days.

(b) If no historical flow data are available use:
ERC = (Total SFR gallons sold (omit 000/365 days/350 gallons per day).

WASTEWATER OPERATING SECTION

Note: This utility is a water only service; therefore, Pages S-1 through S-6 have been omitted from this report.

UTILITY NAME: Kincaid Hills Water Co

YEAR OF REPORT
DECEMBER 31, 2004

CERTIFICATION OF ANNUAL REPORT

I HEREBY CERTIFY, to the best of my knowledge and belief:

- | | | | |
|---|-----------------------------|----|--|
| YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | 1. | The utility is in substantial compliance with the Uniform System of Accounts prescribed by the Florida Public Service Commission in Rule 25-30.115 (1), Florida Administrative Code. |
| YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | 2. | The utility is in substantial compliance with all applicable rules and orders of the Florida Public Service Commission. |
| YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | 3. | There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices that could have a material effect on the financial statement of the utility. |
| YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | 4. | The annual report fairly represents the financial condition and results of operations of the respondent for the period presented and other information and statements presented in the report as to the business affairs of the respondent are true, correct, and complete for the period for which it represents. |

Items Certified

1. 2. 3. 4.

 *
(signature of chief executive officer of the utility)

Date: _____

1. 2. 3. 4.

_____*
(signature of chief financial officer of the utility)

Date: _____

* Each of the four items must be certified YES or NO. Each item need not be certified by both officers. The items being certified by the officer should be indicated in the appropriate area to the left of the signature.

Notice: Section 837.06, Florida Statutes, provides that any person who knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his duty shall be guilty of a misdemeanor of the second degree.