## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # 008878**

1. Entity Name
SOUTHERN ELECTRIC COMPANY



FILED Apr 21, 2008 08:00 All Secretary of State

Principal Place of Business

2545 EDISON AVE JACKSONVILLE, FL 32204 Mailing Address

2545 EDISON AVE JACKSONVILLE, FL 32204



## DO NOT WRITE IN THIS SPACE

01152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0456960

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMS,W TAYLOR 2220 RIVERSIDE AVE JACKSONVILLE, FL 32204

**SIGNATURE:** 

## DO NOT WRITE IN THIS SPACE

4/18/08

(904) 387-4647

Daytime Phone #

| 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 site if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |  |                                       |     |                                |  |     |
| FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.  |  |                                       | ~ — | \$5.00 May Be<br>Added to Fees | U00000908977<br>05/06/08-80051-019 ISO.( | JO  |
| 10.  | OFFICERS AND DIREC   | CTORS                                 |     |                                |  |     |
| TITLE<br>NAME<br>Street address<br>City-St-Zip   | V<br>SAMS, TAYLOR W<br>2220 RIVERSIDE AVE<br>JACKSONVILLE, FL 32204  |                                       |     |                                |  |     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PST<br>MORRIS, ELLEN J<br>4111 DIMSDALE RD<br>JACKSONVILLE, FL 32257 |                                       |     |                                |  | · · |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                                       | ~ · | DO                             | NOT WRITE                                | •   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |                                       |     | IN '                           | THIS SPACE                               |     |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |                                       |     |                                |  |     |
| TITLE  |  | · · · · · · · · · · · · · · · · · · · |     |                                |  |     |
| NAME   |  |                                       | 1   |                                |  |     |
| STREET ADDRESS   |  |                                       |     |                                |  |     |
| CITY-ST-ZIP  |  |                                       |     |                                | •  |     |
| 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. |  |                                       |     |                                |  |     |

ELLEN J. MORRIS

GNING OFFICER OR DIRECTOR