


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # 192384
 1. Entity Name
FLORIDA ELECTRIC SERVICE CO., INC.



Principal Place of Business 1491 S.W. 21ST AVENUE FT. LAUDERDALE, FL 33312	Mailing Address 1491 S.W. 21ST AVENUE FT. LAUDERDALE, FL 33312
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-0782017	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 SHAHADY, THOMAS R ESQ.
 350 EAST LAS OLAS BOULEVARD
 SUITE 1700
 FORT LAUDERDALE, FL 33301

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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) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000598121
 01/24/07-80064-003 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIEMS, STEVEN L 2412 NASSAU LANE FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIEMS, HAROLD K 3011 S.W. 47TH STREET FT LAUDERDALE, FL 33312
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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.

SIGNATURE: Thomas R. Shady **UP** 01/17/07
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #