

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2007 8:00 am**  
**Secretary of State**

02-01-2007 90019 011 \*\*\*150.00

**DOCUMENT # 204783**

1. Entity Name  
**SOUTHEAST POWER SYSTEMS OF ORLANDO, INC.**



Principal Place of Business  
**4220 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804**

Mailing Address  
**4220 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01232007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-0814095**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOLMAR, THOMAS T.  
4220 NORTH ORANGE BLOSSOM TRAIL  
ORLANDO, FL 32804**

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

Signature, typed or printed name of registered agent, and title if applicable.

(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**

10. OFFICERS AND DIRECTORS

11. CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete  
NAME **FOLMAR, THOMAS T.**  
STREET ADDRESS **4220 N ORANGE BLOSSOM TRAIL**  
CITY-ST-ZIP **ORLANDO, FL 32804**

← THIS WAS  
MARKED FOR  
DELETION LAST  
YEAR.  
PLEASE DELETE.

☐ Change ☐ Addition

TITLE **STD** ☐ Delete  
NAME **SMITH, PHYLLIS L**  
STREET ADDRESS **2037 ROBERTS PT DR.**  
CITY-ST-ZIP **WINDERMERE, FL 34786**

☐ Change ☐ Addition

TITLE **P** ☐ Delete  
NAME **WATSON, GEORGE G.**  
STREET ADDRESS **806 S SUMMERLIN AVENUE**  
CITY-ST-ZIP **ORLANDO, FL**

☐ Change ☐ Addition

TITLE **D** ☐ Delete  
NAME **HEARD, NEAL A**  
STREET ADDRESS **9133 PALM TREE DR**  
CITY-ST-ZIP **WINDERMERE, FL 34786**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Phyllis L. Smith*

**Phyllis L. Smith 1/25/07 407-293-7971**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #