

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 8:00 am
Secretary of State

02-01-2008 90016 039 ***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**



01212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	SMITH, PHYLLIS L
STREET ADDRESS	2037 ROBERTS PT DR.
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	P
NAME	WATSON, GEORGE G.
STREET ADDRESS	806 S SUMMERLIN AVENUE
CITY-ST-ZIP	ORLANDO, FL
TITLE	D
NAME	HEARD, NEAL A
STREET ADDRESS	9133 PALM TREE DR
CITY-ST-ZIP	WINDERMERE, FL 34786
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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** 1/25/08 407-293-7971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #