

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # 343095

1. Entity Name
STATE ELECTRIC COMPANY



Principal Place of Business

2770 S. APOPKA BOULEVARD (APOPKA, FL)
P. O. BOX 585555
ORLANDO, FL 32858

Mailing Address

2770 S. APOPKA BOULEVARD (APOPKA, FL)
P. O. BOX 585555
ORLANDO, FL 32858



03072007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1235652

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

EVANS, THOMAS F
6140 SHADOWWOOD CT
ORLANDO, FL 32808

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
EVANS, T. MARK
5964 CRESCENT RIDGE CT
ORLANDO, FL 32810

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
EVANS, THOMAS F
6140 SHADOW WOOD CT
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
EVANS, CLARISSA J
6140 SHADOW WOOD CT
ORLANDO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
EVANS, KENNETH P
40926 EMERALDA ISLAND RD.
LEESBURG, FL 34788

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000661850
03/20/07-80059-014 150.00

**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:

Clarissa J. Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Clarissa J. Evans

3-7-07
Date

407-295-8630
Daytime Phone #