

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED  
Apr 14, 2008 08:00 A.  
Secretary of State



01142008 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, 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 V  
NAME EVANS, T. MARK  
STREET ADDRESS 5964 CRESCENT RIDGE CT  
CITY-ST-ZIP ORLANDO, FL 32810

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000896991  
04/25/08-80029-022 150.00

DO NOT WRITE  
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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:

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

Sec-Treas.

4-10-08

407-295-8630

Date

Daytime Phone #