

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 343095

FILED
Feb 03, 2009
Secretary of State

Entity Name: STATE ELECTRIC COMPANY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1235652 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EVANS, THOMAS F
6140 SHADOWWOOD CT
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: EVANS, T. MARK,
Address: 5964 CRESCENT RIDGE CT
City-St-Zip: ORLANDO, FL 32810

Title: PD () Delete
Name: EVANS, THOMAS F,
Address: 6140 SHADOW WOOD CT
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: EVANS, CLARISSA J,
Address: 6140 SHADOW WOOD CT
City-St-Zip: ORLANDO, FL

Title: V () Delete
Name: EVANS, KENNETH P
Address: 40926 EMERALDA ISLAND RD.
City-St-Zip: LEESBURG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARISSA J. EVANS

D

02/03/2009

Electronic Signature of Signing Officer or Director

_____ Date