

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 8:00 am
Secretary of State

01-31-2006 90013 028 ***150.00

DOCUMENT # 459618

1. Entity Name
SOUTHERN SYSTEM ENTERPRISES, INC.



Principal Place of Business
**1001 E. BUSINESS HWY 98
PANAMA CITY, FL 32401**

Mailing Address
**1001 E. BUSINESS HWY 98
PANAMA CITY, FL 32401**

60009397



01262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1559678

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CRISP, DONALD R.
1001 E. BUSINESS HWY 98
PANAMA CITY, FL 32401**

**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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CRISP, DONALD R.
STREET ADDRESS	1001 E. BUSINESS HWY 98
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	VD
NAME	CRISP, JR., D. RAY
STREET ADDRESS	1001 E. BUSINIESS
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	STD
NAME	LOU, LESTER MS
STREET ADDRESS	1001 E. BUSINESS HWY 98
CITY-ST-ZIP	PANAMA CITY, FL 32401
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-06 8-2163-2399