


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2008 08:00 AM
Secretary of State

DOCUMENT # 459618 1. Entity Name SOUTHERN SYSTEM ENTERPRISES, INC.	
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Principal Place of Business 1001 E. BUSINESS HWY 98 PANAMA CITY, FL 32401	Mailing Address 1001 E. BUSINESS HWY 98 PANAMA CITY, FL 32401
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1559678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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8. The above named entity is 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 this statement.

SIGNATURE: _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000804501 02/05/08 80072-004 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRISP, DONALD R. 1001 E. BUSINESS HWY 98 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRISP, JR., D. RAY 1001 E. BUSINESS HWY 98 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LOU, LESTER MS 1001 E. BUSINESS HWY 98 PANAMA CITY, FL 32401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	1/29/08 Date	850/763-7399 Daytime Phone #
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