2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 459618

FILED
Jan 28, 2009
Secretary of State

Entity Name: SOUTHERN SYSTEM ENTERPRISES, INC.

Current Principal Place of Business:

1001 E. BUSINESS HWY 98
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1001 E. BUSINESS HWY 98
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 59-1559678   **FEI Number Applied For ( )**   **FEI Number Not Applicable ( )**   **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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: DONALD R. CRISP   01/28/2009

Electronic Signature of Registered Agent   Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD   ( ) Delete
Name: CRISP, DONALD R.,
Address: 1001 E. BUSINESS HWY 98
City-St-Zip: PANAMA CITY, FL 32401

Title: VD   ( ) Delete
Name: CRISP, JR., D. RAY
Address: 1001 E. BUSINIESS
City-St-Zip: PANAMA CITY, FL 32401

Title: STD   ( ) Delete
Name: LOU, LESTER MS
Address: 1001 E. BUSINESS HWY 98
City-St-Zip: PANAMA CITY, FL 32401

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:

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: DONALD R. CRISP   PD   01/28/2009

Electronic Signature of Signing Officer or Director   Date