

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT # 459678**

1. Entity Name  
**MID STATE ELECTRIC, INC.**



Principal Place of Business  
**1075A ORIENTA AVE  
ALTAMONTE SPRGS, FL 32701 US**

Mailing Address  
**1075A ORIENTA AVE  
ALTAMONTE SPRGS, FL 32701 US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05222007

Chg-P

CR2E034 (12/06)

4. FEI Number  
**59-1546504**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAVELLE, JOYCE  
1075A ORIENTA AVE  
ALTAMONTE SPRGS, FL 32701**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**Amended AR is \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PST  
SAVELLE, JOYCE  
1075A ORIENTA AVE  
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**000104674540  
06/21/07--01048--017 \*\*\$61.25** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
THOMPSON, MARSHALL  
1075A ORIENTA AVE  
ALTAMONTE SPRINGS, FL 32701** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
MACKENZIE, RICHARD F  
1075 A ORIENTA AVE  
ALTAMONTE SPRINGS, FL 32701** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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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:**

*Joyce Savelle*

**JOYCE SAVELLE PRES. MID-STATE ELECTRIC, INC**

**5/22/07 407-339-8686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**

**07 MAY 22 PM 4:27**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

