

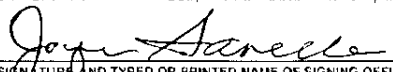
**-2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 28, 2008 8:00 am
Secretary of State

01-28-2008 90046 015 ***150.00

DOCUMENT # 459678			
1. Entity Name MID STATE ELECTRIC, INC.			
Principal Place of Business 1075A ORIENTA AVE ALTAMONTE SPGS FL 32701 US		Mailing Address 1075A ORIENTA AVE ALTAMONTE SPGS 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
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 SAVELLE, JOYCE 1075A ORIENTA AVE ALTAMONTE SPRGS FL 32701		7. Name and Address of New Registered Agent 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 corp. in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of non-third-party filer (note: applicable)		(NOTE: Registered agent signature required when re-registering)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		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	V.P. BRIAN P. BYRNE 1075A ORIENTA AVE ALTAMONTE-SPGS, FLA 32701 ☐ 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	V. P. STEPHEN F. VALENTINE 1075 A ORIENTA AVE ALTAMONTE SPGS, FLA 32701 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 PRESIDENT 1/23/08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #