2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 807911

City-St-Zip: ATLANTA, GA 30303

FILED Apr 12, 2005 Secretary of State

Entity Name: SOUTHERN COMPANY SERVICES, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	H MCGILL BO , GA 30303	JLEVARD US				
Current Mailing Address:			New Maili	New Mailing Address:		
	K. SMILEY HTREE STRE , GA 30303	ET US				
FEI Number	: 63-0274273	FEI Number Applied For ()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and	Address o	of New Registered Agent:	
1201 HAYS TALLAHAS	S STREET SSEE, FL 323					
	e named entity e of Florida.	submits this statement for the	purpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATU	RE:					
Election Car		nic Signature of Registered Ag g Trust Fund Contribution ().	ent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	FRANKLIN, H 270 PEACHTR ATLANTA, GA	EE STREET 30303) Delete STEPHEN A EE STREET	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	PCED RATCLIFFE 270 PEACH ATLANTA, G	TREE STREET	
Title: Name: Address: City-St-Zip: Title:	HARRELD, CA 270 PEACHTR ATLANTA, GA	EE STREET	Title: Name: Address: City-St-Zip: Title:	SVPT GREENE, K 270 PEACH ATLANTA, G	TREE STREET	
Name: Address: City-St-Zip:	CHISHOLM, TO 270 PEACHTR ATLANTA, GA	MMY EE STREET	Name: Address: City-St-Zip:		() Shange () hadrion	
Title: Name: Address:	AS (DABBS, SAM F 270 PEACHTR		Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

SIGNATURE: SAM DABBS AS 04/12/2005