


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # 816906 1. Entity Name ALABAMA ELECTRIC COMPANY, INC. OF DOTHAN	
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Principal Place of Business 1728 HEAD LAND AVE. DOTHAN, AL 36303 US	Mailing Address P. O. BOX 8277 DOTHAN, AL 36304-5277 US
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-P CR2E034 (11/05)

4. FEI Number 63-0325621	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

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (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. **\$5.00** May Be Added to Fees

U00000872008
04/10/08-80021-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SLOOP, PHILIP A
STREET ADDRESS	3415 HUNTINGTON PLACE
CITY-ST-ZIP	DOTHAN, AL 36303
TITLE	D
NAME	SLOOP, JOHN R
STREET ADDRESS	3611 PEEBLECREEK LANE
CITY-ST-ZIP	DOTHAN, AL 36303
TITLE	CEO
NAME	SLOOP, DAVID M
STREET ADDRESS	202 PINETREE DR.
CITY-ST-ZIP	DOTHAN, AL 36301
TITLE	T
NAME	SLOOP, CLIFF E III
STREET ADDRESS	122 PINETREE DR
CITY-ST-ZIP	DOTHAN, AL 36301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  David M. Sloop -C.E.O. 3-25-08 334/792-5164

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #