

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 848505

1. Entity Name

SERVICE ELECTRIC COMPANY OF TENNESSEE



Principal Place of Business

1631 EAST 25TH STREET
CHATTANOOGA TN 37404

Mailing Address

P.O. BOX 3656
CHATTANOOGA TN 37404



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

City & State

4. FEI Number

62-0430898

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SEALS, JAMES H.
2523 EAST FIRST STREET
FORT MYERS FL 33901

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

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☐

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	VP	<input type="checkbox"/> Delete
NAME	SHEPPARD, CAMERON	
STREET ADDRESS	1631 EAST 25TH STREET	
CITY-ST-ZIP	CHATTANOOGA TN 37404	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROBINSON, KAREN P	
STREET ADDRESS	1631 EAST 25TH STREET	
CITY-ST-ZIP	CHATTANOOGA TN 37404	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHEA, OWEN J. J	
STREET ADDRESS	1631 EAST 25TH STREET	
CITY-ST-ZIP	CHATTANOOGA TN 37404	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POST, JOSHUA L	
STREET ADDRESS	1631 EAST 25TH STREET	
CITY-ST-ZIP	CHATTANOOGA TN 37404	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WILLIAMSON, TYRE J	
STREET ADDRESS	1631 EAST 25TH STREET	
CITY-ST-ZIP	CHATTANOOGA TN 37404	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000572434	
CITY-ST-ZIP	07/27/06-80006-014 550.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Iko empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Owen J. Shea Jr. 7/19/06 (423)265-3161

Date

Daytime Phone #