


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90182 028 ***150.00

DOCUMENT # J05224
 1. Entity Name
SOUTHEAST POWER SYSTEMS OF FT MYERS, INC.



Principal Place of Business Mailing Address
5900 COUNTRY LAKES DRIVE **4220 N ORANGE BLOSSOM TRAIL**
FT. MYERS, FL 33905 US **ORLANDO, FL 32804 US**

50022373



02162005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-2656500 Not Applicable

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

6. Name and Address of Current Registered Agent
FOLMAR, THOMAS T
4220 NORTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32804

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: D
 NAME: FOLMAR, THOMAS T
 STREET ADDRESS: 4220 N ORANGE BLOSSOM TRAIL
 CITY-ST-ZIP: ORLANDO, FL

TITLE: STD
 NAME: SMITH, PHYLLIS L.
 STREET ADDRESS: 2037 ROBERTS POINT DR
 CITY-ST-ZIP: WINDERMERE, FL 34786

TITLE: P
 NAME: O'DEA, RICHARD J
 STREET ADDRESS: 9866 COUNTRY OAKS DRIVE
 CITY-ST-ZIP: FT. MYERS, FL

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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:  **Phyllis L. Smith** 2/18/05 407-293-7971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #