


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 8:00 am**  
**Secretary of State**

02-01-2008 90017 038 \*\*\*150.00

<b>DOCUMENT # J05224</b> 1. Entity Name SOUTHEAST POWER SYSTEMS OF FT MYERS, INC.	
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Principal Place of Business 5900 COUNTRY LAKES DRIVE FT. MYERS, FL 33905 US	Mailing Address 4220 N ORANGE BLOSSOM TRAIL ORLANDO, FL 32804 US
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**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2656500	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SMITH, PHYLLIS L. 2037 ROBERTS POINT DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'DEA, RICHARD J 9866 COUNTRY OAKS DRIVE FT. MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEARD, NEAL A 9133 PALM TREE DR WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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:**  **Phyllis L. Smith** 1/25/08 407-293-7971  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #