

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90006 034 ***150.00

DOCUMENT # J43015

1. Entity Name
SOUTHEASTERN UTILITY SERVICES, INC.



Principal Place of Business
**7107 E. 36TH AVE.
P.O. BOX 20537
BRADENTON, FL 34203-0537**

Mailing Address
**7107 E. 36TH AVE.
P.O. BOX 20537
BRADENTON, FL 34203-0537**

54037167



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2731872

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MOTT, LISA M
7107 E. 36TH AVE.
BRADENTON, FL 34208**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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
**P
MOTT, LISA M
7107 36TH AVENUE E
BRADENTON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, GEORGE C.
7107 36TH AVENUE E
BRADENTON, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V-P. Engineering
W. A. GILMORE
11850 SW 81st ROAD
PINECREST FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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: *Lisa M Mott* **Lisa M MOTT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-04 **941-747-9503**
Date Daytime Phone #