

**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 re-registering)

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	P
NAME	MOTT, LISA M
STREET ADDRESS	7107 36TH AVENUE E
CITY-ST-ZIP	BRADENTON, FL
TITLE	D
NAME	BROWN, GEORGE C.
STREET ADDRESS	7107 36TH AVENUE E
CITY-ST-ZIP	BRADENTON, FL
TITLE	V-P. Engineering
NAME	W. A. GILMORE
STREET ADDRESS	11850 SW 81st ROAD
CITY-ST-ZIP	PINECREST FL 33156
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: *Lisa M Mott* Lisa M MOTT

4-16-04 941-747-9503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #