


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90360 012 ***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

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40050365



03272006 Chg-P CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

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 _____ 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, 2006 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	<input type="checkbox"/> Delete
NAME	MOTT, LISA M	
STREET ADDRESS	7107 36TH AVENUE E	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, GEORGE C.	
STREET ADDRESS	7107 36TH AVENUE E	
CITY-ST-ZIP	BRADENTON, FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GILMORE, W.A.	
STREET ADDRESS	11850 SW 81ST ROAD	
CITY-ST-ZIP	PINECREST, FL 33156	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

7850 SW 160 STREET
 PALMETTO BAY FL 33157

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: *Lisa Mott* Date: 4-14-06 Daytime Phone #: 941-747-9503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR