


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90175 037 ****61.25

DOCUMENT # N04000000375					
1. Entity Name GULF POWER TRANSFORMERS, INC.					
Principal Place of Business ONE ENERGY PLACE PENSACOLA, FL		Mailing Address ONE ENERGY PLACE PENSACOLA, FL			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0802269	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JACOB, P. BERNARD ONE ENERGY PLACE PENSACOLA, FL			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, JOE		NAME	Keith Cuevas	
STREET ADDRESS	11999 PATE STREET		STREET ADDRESS	11999 Pate St	
CITY-ST-ZIP	PENSACOLA, FL 32514		CITY-ST-ZIP	Pensacola FL 32514	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, CAL		NAME	Brian Heimfeld	
STREET ADDRESS	75 N. PACE BLVD		STREET ADDRESS	4300 Hwy 2300	
CITY-ST-ZIP	PENSACOLA, FL 325057965		CITY-ST-ZIP	Southport FL 32409	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPANGENBERG, TED		NAME	Sandra Sims	
STREET ADDRESS	1230 EAST 15 STREET		STREET ADDRESS	140 Hollywood Blvd SW	
CITY-ST-ZIP	PANAMA CITY, FL 324056132		CITY-ST-ZIP	Fort Walton Beach FL 32548	
TITLE	D	<input type="checkbox"/> Delete	TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUTCHINSON, JOHN L		NAME	Bernard Jacob	
STREET ADDRESS	ONE ENERGY PLACE		STREET ADDRESS	One Energy Place	
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP	Pensacola FL 32520-0100	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 617, 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: <i>P. Bernard Jacob</i>			Date: 4-10-07		Daytime Phone #: 850-444-6382
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

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