2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2005
Secretary of State

DOCUMENT# N99000003340

Entity Name: SOUTHEAST UTILITIES REVENUE PROTECTION ASSOCIATION, INC.

Current Principal Place of Business:

C/O SINDA SCHRANK
P.O. BOX 1310
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

C/O SINDA SCHRANK
P.O. BOX 1310
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 26-3828867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

STONE, ROBERT E
FLORIDA POWER & LIGHT COMPANY
9250 WEST FLAGLER ST. LAW/GO
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

SCALETTA, FRANK
500 S ORANGE AVE
ORLANDO, FL 32810 US

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.

SIGNATURE: FRANK SCALETTA 05/12/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THOMAS, KELLY
Address: 1100 N ORANGE AVE
City-St-Zip: WINTER PARK, FL 32389

Title: DV ( ) Delete
Name: SCHRANK, SINDA
Address: 4304 69TH ST E
City-St-Zip: PALMETTO, FL 34221

Title: SAD ( ) Delete
Name: SCALETTA, FRANK
Address: 500 S ORANGE AVE
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: SCHRANK, SINDA
Address: PO BOX 1310
City-St-Zip: WAUCHULA, FL 33873

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SINDA SCHRANK DV 05/12/2005
Electronic Signature of Signing Officer or Director Date