2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006
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:

5225 TECH DATA DR
CLEARWATER, FL 33760

Current Mailing Address:

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

New Mailing Address:

5225 TECH DATA DR
CLEARWATER, FL 33760

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:

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

Name and Address of New Registered Agent:

RHINEHART, SUSAN
5225 TECH DATA DR
CLEARWATER, FL 33760 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: SUSAN RHINEHART 06/05/2006
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: PO BOX 1310
City-St-Zip: WAUCHULA, FL 33873

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: SCALETTA, FRANK
Address: 150 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: DV (X) Change ( ) Addition
Name: HONSBERGER, DONNA
Address: 301 SE 4TH AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: SAD (X) Change ( ) Addition
Name: RHINEHART, SUSAN
Address: 5225 TECH DATA DR
City-St-Zip: CLEARWATER, FL 33760

Title: TD ( ) Change (X) Addition
Name: HAMMERBERG, JOHN
Address: 702 N FRANKLIN AVE
City-St-Zip: TAMPA, FL 33601

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: FRANK SCALETTA P 06/05/2006
Electronic Signature of Signing Officer or Director Date