


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 8:00 am**  
**Secretary of State**

02-06-2008 90024 031 \*\*\*150.00

<b>DOCUMENT # P00816</b>	
1. Entity Name <b>JACKSON GAS &amp; ELECTRIC SERVICE, INC.</b>	

Principal Place of Business <b>206 FIRST AVENUE P O BOX 1908 DOTHAN, AL 36302</b>	Mailing Address <b>206 FIRST AVENUE P O BOX 1908 DOTHAN, AL 36302</b>
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2. Principal Place of Business - No P.O. Box # <b>206 FIRST AVE</b> Suite, Apt. #, etc.	3. Mailing Address <b>P.O. BOX 1908</b> Suite, Apt. #, etc.
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City & State <b>DOTHAN, ALA</b>	City & State <b>DOTHAN, ALA.</b>
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Zip <b>36301</b>	Country	Zip <b>36302</b>	Country
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6. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324</b>	
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01082008 Chg-P CR2E034 (12/06)

4. FEI Number <b>63-0581399</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JACKSON, ROBERT E. 1209 SUMMITT ST. DOTHAN, AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 591 W. Saunders Road Dothan, Ala 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACKSON, BEN F. 801 MERIDIAN ST DOTHAN, AL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7833 S. COUNTY ROAD 55 COTTONWOOD, ALA. 36320
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Rose Shelley</i> <b>Rose Shelley</b>	Date: <b>2/4/08</b>	Daytime Phone #: <b>334-792-3023</b>
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