FILED 2007 FOR PROFIT CORPORATION Apr 19, 2007 08:00 Al Secretary of State **ANNUAL REPORT** DOCUMENT # P04000059917 MID FLORIDA ELECTRIC SERVICE, INC. Principal Place of Business Mailing Address 360 FIRST AVE P O BOX 292 BARTOW, FL 33831-0292 BARTOW, FL 33830 04052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1000771 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLANTON, STUART T DO NOT WRITE 360 FIRST AVE BARTOW, FL 33830 IN THIS SPACE

Ŗ	Ine 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 tamiliar with,	and accept
	the obligations of registered agent.		

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

9. Election Campaign Financing

\$5.00 May Be Added to Fees

After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE NAME CLANTON, STUART T 360 FIRST AVENUE STREET ADDRESS CITY-ST-ZIP BARTOW, FL 33830 TITLE NAME STREET ADDRESS CITY-ST-ZIP

Signature, typed or printed name of registered agent and title if applicable

U00000716528 04/30/07-80010-024 150.00

DATE

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

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:

TITLE NAME STREET ADDRESS

CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> M aua SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-05