

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90099 031 ***150.00

DOCUMENT # P05000062557

1. Entity Name
SOUTHERN UTILITY EQUIPMENT, INC.



Principal Place of Business
C/O THE TAXXPERS INC.
15951 N. FLORIDA AVENUE
LUTZ, FL 33549

Mailing Address
C/O THE TAXXPERS INC.
15951 N. FLORIDA AVENUE
LUTZ, FL 33549

20032694



2. Principal Place of Business
123 Myrtle Ridge Rd
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1004
Suite, Apt. #, etc.

04142006 Chg-P CR2E034 (11/05)

City & State
Lutz, FL
Zip
33549
Country
USA

City & State
Lutz FL
Zip
33548
Country
USA

4. FEI Number
35-2253206
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STAFFORD, S.L.
C/O THE TAXXPERS INC.
15951 N. FLORIDA AVENUE
LUTZ, FL 33549

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
JOHNSON, ADRIENNE
123 MYRTLE RIDGE ROAD
LUTZ, FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D ST
JOHNSON, JR., EUGENE
123 MYRTLE RIDGE ROAD
LUTZ, FL 33549 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/06 813-263-7600