

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 19, 2007 8:00 am  
Secretary of State**

03-19-2007 90076 014 \*\*\*150.00

DOCUMENT # P05000062557		
1. Entity Name SOUTHERN UTILITY EQUIPMENT, INC.		

Principal Place of Business 123 MYRTLE RIDGE RD LUTZ, FL 33549	Mailing Address POB 1004 LUTZ, FL 33548
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**DO NOT WRITE IN THIS SPACE**



03072007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2253206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  STAFFORD, S.L. C/O THE TAXXPERTS INC. 15951 N. FLORIDA AVENUE 1515 Dale Mabry Hwy - LUTZ, FL 33548 SUITE 102
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**DO NOT WRITE  
IN THIS SPACE**

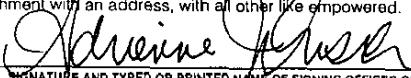
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, ADRIENNE 123 MYRTLE RIDGE ROAD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JR., EUGENE 123 MYRTLE RIDGE ROAD LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<b>DO NOT WRITE IN THIS SPACE</b>	

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

3/8/07 813-263-7600

Date

Daytime Phone #