

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90168 028 \*\*\*150.00

<b>DOCUMENT # P05000098943</b> 1. Entity Name <b>SERVICES &amp; ENERGY CORPORATION</b>			
Principal Place of Business <b>1016 SHORE ACRES DR LEESBURG, FL 34748</b>		Mailing Address <b>1016 SHORE ACRES DR LEESBURG, FL 34748</b>	
2. Principal Place of Business <b>3450 JEFFERSON Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>3500 JEFFERSON Rd</b> Suite, Apt. #, etc.	
City & State <b>ATLANTA, GA.</b>		City & State <b>ATLANTA, GA.</b>	
4. FEL Number <b>54-2191062</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03132006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent  <b>MCLAUGHLIN, MICHAEL B 1016 SHORE ACRES DR LEESBURG, FL 34748</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>O.P.T.S MICHAEL B. MCLAUGHLIN 1016 SHORE ACRES DRIVE LEESBURG, FL 34748</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>Susan D. Dario 2000 CHANDLER Bridge RD. NICHOLSON, GA. 30565</b>	<input checked="" 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 <b>D.T. GLEN R. DARIO 2000 CHANDLER Bridge RD. NICHOLSON, GA. 30565</b>	<input checked="" 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 <b>S M. PETER AMARAL 10735 SHADY Pond LAKE BOCA RATON, FL 33428</b>	<input checked="" 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.			
<b>SIGNATURE:</b>		<b>SUSAN D. DARIO</b> 4/19/06 706-546-7676	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	