

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136554

FILED
Apr 27, 2008
Secretary of State

Entity Name: SOUTHERN UTILITIES OF NORTH FLA INC.

Current Principal Place of Business:

1110 SISTER'S WELCOME RD
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

2409 SW SISTER'S WELCOME RD, SUITE 101
SUITE 101
LAKE CITY, FL 32025

New Mailing Address:

FEI Number: 59-1983099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SESSIONS, RAYMOND R
2409 SW SISTER'S WELCOME RD, SUITE 101
SUITE 101
LAKE CITY, FL 32025 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BOONE, CHARLES A MGR
Address: P.O. BOX 7044
City-St-Zip: LAKE CITY, FL 32055 US

Title: D () Delete
Name: BOONE, JEANETTE S VP
Address: 489 SW SEAN PL
City-St-Zip: LAKE CITY, FL 32024 US

Title: D () Delete
Name: SESSIONS, STEPHEN A D
Address: 2409 SW SISTER'S WELCOME RD, SUITE 101
City-St-Zip: LAKE CITY, FL 32025 US

Title: D () Delete
Name: SESSIONS, RAYMOND R D
Address: 624 LAKESHORE BLVD
City-St-Zip: KISSIMMEE, FL 34744 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES BOONE

D

04/27/2008

Electronic Signature of Signing Officer or Director

Date