


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000059841

1. Entity Name
 SOUTHERN ELECTRIC AND CONSTRUCTION, INC.



Principal Place of Business
 6736 TACKLE COURT
 LAKE WALES, FL 33853

Mailing Address
 6736 TACKLE COURT
 LAKE WALES, FL 33853



01242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3198457	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

WILLIAMS, ROBERT M
 6736 TACKEL COURT
 LAKE WALES, FL 33853

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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 _____ (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: **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILLIAMS, ROBERT M 6736 TACKEL CT LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C TETI, WILLIAM T. 6731 TACKLE CT LAKE WALES, FL 33853
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMS, GAIL 6736 TACKEL COURT LAKE WALES, FL 33853
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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: Gail Williams / Gail Williams 1/25/07 863-439-7068

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #