2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 16, 2006 08:00 AM **Secretary of State** DOCUMENT # P96000014969 WEST FLORIDA ELECTRIC SERVICE, INC. Principal Place of Business Mailing Address 1808 KINGSTREE DR 1808 KINGSTREE DR CANTONMENT, FL 32533 CANTONMENT, FL 32533 No Chg-P CR2E034 (11/05) 03132006 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3367187 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DAVIS, MILES ESQ. DO NOT WRITE 25 WEST CEDAR STREET 4TH FLOOR PENSACOLA, FL 32501 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 it applicable. (NOTE: Registered Agent signature required when reinstating) DATE . Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE PST NAME COTTON, ARTHUR W JR STREET ADDRESS 1808 KINGSTREE DR CANTONMENT, FL CITY-ST-ZIP TITLE 000000469022 03/25/06-80012-013 150.00 NAME STREET ACCOMESS CATY-ST-ZIP TOLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this tilling 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 path, 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.

TED NAME OF SIGNING OFFICER OR OFFICER

FILED