## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082440

**Current Mailing Address:** 

Entity Name: FLORIDA POWER SYSTEMS, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5027 SAN JUAN AVE 13350 INTERNATIONAL PKWY JACKSONVILLE, FL 32210 STE 100

STE 100 JACKSONVILLE, FL 32218

**New Mailing Address:** 

ONOROGIVILLE, I E 3221

5027 SAN JUAN AVE 13350 INTERNATIONAL PKWY

JACKSONVILLE, FL 32210 STE 100 JACKSONVILLE, FL 32218

FEI Number: 58-2494473 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MULVANEY, DAVID T
5027 SAN JUAN AVE
JACKSONVILLE, FL 32210 US

MULVANEY, DAVID T
13350 INTERNATIONAL PKWY
STE 100
JACKSONVILLE, FL 32218 US

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: 04/27/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition MULVANEY, DAVID T MULVANEY, DAVID T Name: Name: 5027 SAN JUAN AVE 13350 INTERNATIONAL PKWY Address: Address: City-St-Zip: JACKSONVILLE, FL 32210 City-St-Zip: JACKSONVILLE, FL 32218

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 WILSON, DARRELL
 Name:

 Address:
 3378 HOMEWOOD DR
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32256
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID MULVANEY PD 04/27/2006