

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33293

FILED
Apr 30, 2004
Secretary of State

Entity Name: LABEL TECHNIQUE SOUTHEAST, INC.

Current Principal Place of Business:

3377 BILL METZGER LN
PENSACOLA, FL 32514 US

New Principal Place of Business:

Current Mailing Address:

3377 BILL METZGER LN
PENSACOLA, FL 32514 US

New Mailing Address:

FEI Number: 59-3040234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HECKLER, DAVID
4040 CHICKADEE STREET
MILTON, FL 32583 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: V () Delete
Name: MARTIN, TOM
Address: 6800 SOUTH 241ST AVE
City-St-Zip: BROKEN ARROW, OK 74014

Title: TS () Delete
Name: MARTIN, DEBRA
Address: 6800 SOUTH 241ST AVE
City-St-Zip: BROKEN ARROW, OK 74014

Title: P () Delete
Name: WALLACE, SANDRA J
Address: 1480 SHOREBIRD TERR
City-St-Zip: CANTONMENT, FL 32533

Title: D () Delete
Name: HECKLER, DAVID
Address: 4040 CHICKADEE STREET
City-St-Zip: MILTON, FL 32583

Title: () Delete
Name:
Address:
City-St-Zip:

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:

Title: D () Change (X) Addition
Name: O'CONNELL, WAYNE
Address: 11829 SNOWFIELD COURT
City-St-Zip: TRAVERSE CITY, MI 49686

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SANDRA J. WALLACE

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04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date