


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90028 009 \*\*\*158.75

DOCUMENT # P94000042063			
1. Entity Name SOUTHEASTERN ENGINEERING SALES CO., INC.			
Principal Place of Business 316 9TH ST SOUTH HAINES CITY, FL 33844-5210 US		Mailing Address 316 9TH ST SOUTH HAINES CITY, FL 33844-5210 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WEST, WILLIAM D 316 9TH ST S HAINES CITY, FL 33844		Name <u>Mary E. West</u> Street Address (P.O. Box Number is Not Acceptable) <u>316 9th Street S.</u> City <u>Haines City</u> FL Zip Code <u>33844</u>	
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 <u>Mary E. West</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		SIGNATURE <u>Mary E. West Secretary</u> <small>(NOTE: Registered Agent signature required when re-registering)</small>	
DATE <u>3/20/07</u> <small>DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete	NAME WEST, WILLIAM D STREET ADDRESS 316 9TH ST S CITY-ST-ZIP HAINES CITY, FL 33844	TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Darrell L. Harrison STREET ADDRESS 316 9th St. S. CITY-ST-ZIP Haines City, FL 33844
TITLE <b>S</b> <input type="checkbox"/> Delete	NAME WEST, MARY E. STREET ADDRESS 316 9TH STREET SOUTH CITY-ST-ZIP HAINES CITY, FL 33844	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Mary E. West</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>3/20/07</u> DAYTIME PHONE # <u>863-421-1600</u>	