

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000002620

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** SOUTHEASTERN EMERGENCY EQUIPMENT CO., INC.

**Current Principal Place of Business:**

5760 HWY 96 W.  
YOUNGSVILLE, NC 27596

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1196  
WAKE FOREST, NC 27588

**New Mailing Address:**

**FEI Number:** 56-1246302

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINN, LISA M  
17882 35TH PL. N.  
LOXAHATCHEE, FL 33470 US

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

AGENTS AND CORPORATIONS, INC  
300 FIFTH AVENUE SOUTH  
SUITE 101-330  
NAPLES, FL 34102 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: AGENTS AND CORPORATIONS, INC

04/11/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: PLEASANTS, DONALD  
Address: 3200 BAYMAN POND DR.  
City-St-Zip: WAKE FOREST, NC 27587

Title: VP  
Name: MULLEN, NIKKI P  
Address: 160 MULLEN RD  
City-St-Zip: BUNN, NC 27508

Title: P  
Name: CARLA, BAKER  
Address: 7216 NEW FORREST LANE  
City-St-Zip: WAKE FOREST, NC 27587

I hereby 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 all other like empowered.

SIGNATURE: NIKKI P MULLEN

VP

04/11/2011

Electronic Signature of Signing Officer or Director

Date