

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # F02000002584	
1. Entity Name SE&M CONSTRUCTORS, INC.	

Principal Place of Business 1110 ATLANTIC AVENUE ROCKY MOUNT, NC 27801	Mailing Address PO BOX 1320 ROCKY MOUNT, NC 27801
--	---



04102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1804334	Applied For ☐ Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent BECKETT, WILLIAM A 215 N. EOLA DR. ORLANDO, FL 32801
--

**DO NOT WRITE
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 if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
---	---------------------------------------

1100111504229
04/26/06-80063-017 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BYNUM, HARRY L PO BOX 1320 ROCKY MOUNT, NC 27801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRICE, JAMES D PO BOX 1320 ROCKY MOUNT, NC 27801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CS DIXON, LISA P.O. BOX 1320 ROCKY MOUNT, NC 27802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LANE, TOMMY P.O. BOX 1320 ROCKY MOUNT, NC 27802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Harry Bynum **Harry Bynum, President** 4/10/06 252-977-1155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #