


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90023 036 ***150.00

DOCUMENT # P01000050719

1. Entity Name
SOUTHEAST GENERAL CONTRACTING AND DEVELOPMENT CORPORATION



Principal Place of Business Mailing Address

**2659 S BROCKSMITH ROAD
 FORT PIERCE, FL 34945** **2659 S BROCKSMITH ROAD
 FORT PIERCE, FL 34945**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

10525 SW Greenridge Ln. **10525 SW Greenridge Ln.**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Palm City FL **Palm City FL**

Zip Country Zip Country

34990 **Martin** **34990** **Martin**



01172008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

74-3030147 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

**RIDOLFO, PHILLIP T JR
 1900 N FLORIDA MANGO RD -
 STE 15
 WEST PALM BEACH, FL 33400**

New address →

Name

Street Address (P.O. Box Number is Not Acceptable)
301 Clematis Street

Suite 3000

City State Zip Code

West Palm Beach **FL** **33401**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DUNCAN, DONALD C 2659 S BROCKSMITH RD. FT. PIERCE, FL 34945 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10525 SW Greenridge Ln Palm City FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **1/26/08 (772) 283-8146**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #