

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157740

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: SOUTHEAST SANITATION CORP.

**Current Principal Place of Business:**

8840 LONESOME PINE TRL  
FT PIERCE, FL 34945

**New Principal Place of Business:**

**Current Mailing Address:**

8840 LONESOME PINE TRL  
FT PIERCE, FL 34945

**New Mailing Address:**

FEI Number: 51-0529933

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PHILLIPS, KENDALL J ESQ  
239 S INDIAN RIVER DR  
FT PIERCE, FL 34950 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: P ( ) Delete  
Name: DIFRANCESCO, MICHAEL  
Address: 8840 LONESOME PINE TRL  
City-St-Zip: FT PIERCE, FL 34945

Title: VS ( ) Delete  
Name: CABRERA, CYNTHIA M  
Address: 365 SW TODD AVENUE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T ( ) Delete  
Name: GRIMES, TIMOTHY  
Address: 2529 N INDIAN RIVER DR ST LUCIE VILLAGE  
City-St-Zip: FT PIERCE, FL 34946 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: GRIMES, TIMOTHY  
Address: 2529 N INDIAN RIVER DR., ST. LUCIE VILLAGE  
City-St-Zip: FT. PIERCE, FL 34946

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL DIFRANCESCO

P

01/22/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date