## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 172689**

FILED Jan 26, 2006 Secretary of State

Entity Name: SOUTHEASTERN AERIAL CROP SERVICE, INC.

urrent P	rincipal Place	of Business:	New Principal Place	of Business:
720 SNE ORT PIE	ED RD. RCE, FL 34945	US		
urrent M	lailing Address	<b>::</b>	New Mailing Addres	ss:
720 SNE ORT PIE	ED RD. RCE, FL 34945	US		
El Number	: 59-0711141	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
ame and	d Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
550 SNE	R,CHARLES ED RD. :RCE, FL 34945	s us		
	e named entity so e of Florida.	ubmits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,
	e of Florida.	ubmits this statement for the p	purpose of changing its registere	ed office or registered agent, or both,
the State	e of Florida. RE:	ubmits this statement for the p		ed office or registered agent, or both,  Date
the State	e of Florida.  RE: Electronic			
the State	e of Florida.  RE: Electronic	c Signature of Registered Ag Trust Fund Contribution ( ).	ent	
the State	e of Florida.  RE: Electronic mpaign Financing  S AND DIRECT	c Signature of Registered Ag Trust Fund Contribution ( ). CORS: Delete RLES,	ent	Date
the State GNATUI ection Car FFICER elle: ame: ldress:	e of Florida.  RE: Electronic  mpaign Financing  S AND DIRECT  PD () I  STONE, JR CHAI 2650 SNEED RD  FT PIERCE, FL	c Signature of Registered Agr Trust Fund Contribution ( ).  CORS: Delete RLES, 000000, Delete ES RICHA, RD	ent  ADDITIONS/CHANG  Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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: CHARLES R. STONE V/P 01/26/2006