

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 251141

1. Entity Name
SOUTHEASTERN LABORATORIES, INC.



Principal Place of Business
**490 S. EDGEWOOD AVE.
JACKSONVILLE, FL 32205**

Mailing Address
**490 S. EDGEWOOD AVE.
JACKSONVILLE, FL 32205**



07232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0972591	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PRINGHIPAKIS, E C
490 S. EDGEWOOD AVE.
JACKSONVILLE, FL 32205**

**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 \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000771107
08/01/07-20005-004 550.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	PRINGHIPAKIS, E.C.
STREET ADDRESS	490 S EDGEWOOD AVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	DP
NAME	PRINGHIPAKIS, E. C.
STREET ADDRESS	490 S. EDGEWOOD AVE.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	T
NAME	PRINGHIPAKIS, E C
STREET ADDRESS	490 S EDGEWOOD AVE
CITY-ST-ZIP	JACKSONVILLE, FL 00000,
TITLE	DVP
NAME	PRINGHIPAKIS, C.E.
STREET ADDRESS	490 E. EDGEWOOD AVE
CITY-ST-ZIP	JACKSONVILLE, FL
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/07

Date

(904) 264-7075

Daytime Phone #