

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 12, 2006 8:00 am
Secretary of State

05-05-2006 90186 001 ***150.00

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1. Entity Name
S E O ENTERPRISES, INC.



Principal Place of Business
**5804 BRANNEN ROAD SOUTH
LAKELAND, FL 33813 US**

Mailing Address
**POST OFFICE BOX 5745
LAKELAND, FL 33807 US**

66018540



04252006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1438317

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUDWICK, THOMAS R
2804 PINE CLUB DR
PLANT CITY, FL 33567**

**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

Thomas R Ludwick

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

4/25/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$850.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PT
LUDWICK, THOMAS R
2804 PINE CLUB DR
PLANT CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
KIRKLAND, ROBERT E
5513 DRIFTWOOD DR.
LAKELAND, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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NAME
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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Thomas R Ludwick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS R LUDWICK

Date

Daytime Phone #

6-8-06

863-644-3555