

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 443140**

1. Entity Name  
**SOUTHEASTERN DRILL & TOOL COMPANY, INC.**



Principal Place of Business

3802 E 7TH AVE  
PO BOX 5994  
TAMPA, FL 33675

Mailing Address

3802 E 7TH AVE  
PO BOX 5994  
TAMPA, FL 33675



01072004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1502484**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SPARKS, DORIS J  
3802 E 7TH AVE  
TAMPA, FL 33605

**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)

DA F

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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	VDS CAISSIE, JANICE R 717 FOXGLOVE PL. BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PDT SPARKS, DORIS J 1307 ESTATEWOOD DR BRANDON, FL 33510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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02/16/04-80081-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

*Doris J. Sparks* **DORIS J. SPARKS Pres** 2/11/04 813-248-2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #