

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 471230**

1. Entity Name  
**SOUTHEAST INDUSTRIAL PLANNERS, INC.**



Principal Place of Business  
**7220 N.W. 72ND AVENUE  
MIAMI, FL 33166**

Mailing Address  
**7220 N.W. 72ND AVENUE  
MIAMI, FL 33166**



04252008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1649462**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JOHNSON, ROLAND H.  
7220 N.W. 72ND AVE  
MIAMI, FL 33166**

**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 \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

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

**U00000945662  
05/30/08-80017-010 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	SD
NAME	JOHNSON, MARY C
STREET ADDRESS	755 NE 97TH ST
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	P
NAME	JOHNSON, ROLAND H
STREET ADDRESS	755 97TH ST
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	VTD
NAME	BALICKI, PAMELA
STREET ADDRESS	1624 NE 105TH STREET
CITY-ST-ZIP	MIAMI SHORES, FL 33138
TITLE	<del>VTD</del>
NAME	<del>BALICKI, GREGORY</del>
STREET ADDRESS	<del>1624 NE 105TH STREET</del>
CITY-ST-ZIP	<del>MIAMI SHORES, FL 33138</del>
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, without other like empowerment.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-28-08 305  
751 3057**