


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 13, 2006 8:00 am**  
**Secretary of State**

01-13-2006 90046 005 \*\*\*150.00

<b>DOCUMENT # 636406</b>	
1. Entity Name <b>SOUTHEASTERN FABRICATORS AND ERECTORS, INC.</b>	

Principal Place of Business <b>1150 PEBBLEDALE ROAD PO BOX 1055 MULBERRY, FL 33860</b>	Mailing Address <b>1150 PEBBLEDALE ROAD PO BOX 1055 MULBERRY, FL 33860</b>
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2. Principal Place of Business <b>1150 PEBBLEDALE ROAD</b>	3. Mailing Address <b>P.O. BOX 1055</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>MULBERRY, FL</b>	City & State <b>MULBERRY, FL</b>
Zip <b>33860</b>	Country <b>POLK</b>



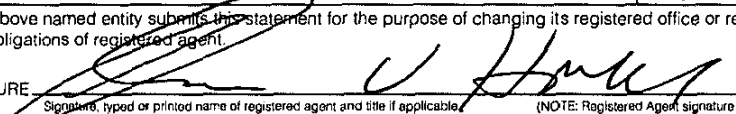
01062006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2006843</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BERTRAND, ROBERT J. 202 E. WALNUT LAKELAND FL., FL 33801</b>	
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7. Name and Address of New Registered Agent Name <b>STEPHEN V. HOWELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1150 PEBBLEDALE ROAD</b> City <b>MULBERRY</b> FL Zip Code <b>33860</b>	
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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.	DATE <b>1-6-06</b> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOWELL, CARL C JR 1150 PEBBLEDALE RD. MULBERRY, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVID R. HOWELL 1150 PEBBLEDALE ROAD MULBERRY, FL 33860 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an other like empowered.	
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SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE <b>1-6-06</b> Daytime Phone # <b>863-428-1511</b>
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