

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 686978

FILED
Jan 11, 2007
Secretary of State

Entity Name: SOUTHEASTERN EXCAVATING, INC.

Current Principal Place of Business:

17831 40TH RUN. N
LOXAHATCHEE, FL 33470 US

New Principal Place of Business:

Current Mailing Address:

POB 1372
LOXAHATCHEE, FL 33470 US

New Mailing Address:

PO BOX 1372
LOXAHATCHEE, FL 33470 US

FEI Number: 59-2027375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOVERLING, SCOTT
4378 160TH ST, N
LOXAHATCHEE, FL 33470 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: TRZEPACZ, GARY
Address: 15539 41ST CT N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: P () Delete
Name: SCHOVERLING, SCOTT
Address: 4378 160TH ST, N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S (X) Delete
Name: SCHOUVERLING, SCOTT A
Address: 4378 160 AVE N
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S () Delete
Name: WHITE, MITCHELL JR
Address: 13080 69TH ST, N
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT SCHOVERLING

P

01/11/2007

Electronic Signature of Signing Officer or Director

Date