

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 692787

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: SEPARATION EQUIPMENT COMPANY, INCORPORATED

## Current Principal Place of Business:

501 FAULKENBURG ROAD N., TAMPA 33619  
PO BOX 1560 C/O JEAN F GOBLE  
BRANDON, FL 335091560

## New Principal Place of Business:

501 FAULKENBURG ROAD N  
TAMPA, FL 33619

## Current Mailing Address:

PO BOX 1560  
BRANDON, FL 33509

## New Mailing Address:

FEI Number: 59-2124631      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOBLE, JEAN F  
2107 ARBOR OAKS DR.  
VALRICO, FL 33594      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: P ( ) Delete  
Name: GOBLE, ALBERT L JR  
Address: 2107 ARBOR OAKS BLVD  
City-St-Zip: VALRICO, FL 33594

Title: ST ( ) Delete  
Name: GOBLE, JEAN F  
Address: 2107 ARBOR OAKS DR  
City-St-Zip: VALRICO, FLORIDA 3, 33594

Title: VP ( ) Delete  
Name: GOBLE, ALBERT L IV  
Address: 506 S. ST. CLOUD AVE.  
City-St-Zip: VALRICO, FL 33594

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change ( ) Addition  
Name: GOBLE, ALBERT L III  
Address: 506 S. ST. CLOUD AVE.  
City-St-Zip: VALRICO, FL 33594

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: ALBERT L GOBLE III

MR.

01/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date