

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State

DOCUMENT # F00000001138

1. Entity Name
SECO SOUTH, INC.



Principal Place of Business

**2111 34TH WAY
LARGO, FL 33771**

Mailing Address

**2111 34TH WAY
LARGO, FL 33771**

66018948



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3640333

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EDWARDS, JOHN
2111 34TH WAY
LARGO, FL 33771**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

| | |
|-----------------|---|
| TITLE | PD |
| NAME | MACMILLAN, ARTHUR |
| STREET ADDRESS | CUMBRAE HOUSE - 15 CARLTON COURT <i>Southmoor La.</i> |
| CITY - ST - ZIP | GLASGOW G5 9JP SCOTLAND, <i>Hampshire PO9 1J5 ENGLAND</i> |
| TITLE | STD |
| NAME | CHALMERS, NICHOLAS |
| STREET ADDRESS | CUMBRAE HOUSE - 15 CARLTON COURT <i>Southmoor La.</i> |
| CITY - ST - ZIP | GLASGOW G5 9JP SCOTLAND, <i>Hampshire PO9 1J5 ENGLAND</i> |
| TITLE | AT |
| NAME | CIARLEGIO, EUGENE A |
| STREET ADDRESS | 351 NEW WHITFIELD STREET |
| CITY - ST - ZIP | GUILFORD, CT 06437 |
| TITLE | DAS |
| NAME | O'CONNELL, PETER |
| STREET ADDRESS | 351 NEW WHITFIELD STREET <i>Southmoor Lane</i> |
| CITY - ST - ZIP | GUILFORD, CT 06437 <i>Hampshire PO9 1J5 ENGLAND</i> |
| TITLE | D |
| NAME | BLANTON, RANDOLPH |
| STREET ADDRESS | 351 NEW WHITFIELD STREET |
| CITY - ST - ZIP | GUILFORD, CT 06437 |
| 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/9/06 (203) 458-3163