

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90299 028 ***150.00

DOCUMENT # F00000002620

1. Entity Name
SOUTHEASTERN EMERGENCY EQUIPMENT CO., INC.



Principal Place of Business
**P.O. BOX 1196
WAKE FOREST, NC 27588**

Mailing Address
**P.O. BOX 1196
WAKE FOREST, NC 27588**

50043316



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04152005 Chg-P CR2E034 (10/03)

4. FEI Number
56-1246302

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**QUINN, LISA M
1090 FAIRFAX CIR W
BOYNTON BEACH, FL 33436**

7. Name and Address of New Registered Agent

Name **Quinn, Lisa**
Street Address (P.O. Box Number is Not Acceptable)
1088 Fairfax Circle West
City **Boynton Beach** **FL** Zip Code **33436**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PCT** ☐ Delete
NAME **PLEASANTS, DONALD**
STREET ADDRESS **4821 PURNELL RD**
CITY-ST-ZIP **WAKE FOREST, NC 27587**

TITLE **VCS** ☐ Delete
NAME **COLLIE, NIKKI P**
STREET ADDRESS **1883 FLAT ROCK CHURCH ROAD**
CITY-ST-ZIP **LOUISBURG, NC 27549**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **Donald Pleasants**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05
Date

919-556-1890
Daytime Phone #