
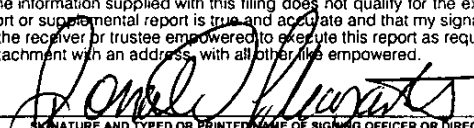


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90036 043 ***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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc. 5760 Hwy 96 W.			Suite, Apt. #, etc.		
City & State Youngsville NC			City & State		
Zip 27596		Country U.S.		Zip	
Country		4. FEI Number 56-1246302			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent QUINN, LISA M 1088 FAIRFAX CIR W BOYNTON BEACH, FL 33436			7. Name and Address of New Registered Agent Name Lisa M. Quinn Street Address (P.O. Box Number is Not Acceptable) 17882 35th Place N. City Loxahatchee FL Zip Code 33470		
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, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT PLEASANTS, DONALD 4821 PURNELL RD WAKE FOREST, NC 27587	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Pleasants, Donald 3200 Bayman Pond Drive Wake Forest, NC 27587
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS COLLIE, NIKKI P 1883 FLAT ROCK CHURCH ROAD LOUISBURG, NC 27549	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS mullen, Nikki P 160 mullen Road Bunn NC 27508
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<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 all other like empowered.					
SIGNATURE: 		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 2.13.07 Daytime Phone # 919-556-1890	

40017506



01092007 Chg-P CR2E034 (12/06)

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUINN, LISA M
1088 FAIRFAX CIR W
BOYNTON BEACH, FL 33436

Name Lisa M. Quinn

Street Address (P.O. Box Number is Not Acceptable)

17882 35th Place N.

City Loxahatchee

FL

Zip Code 33470

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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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
Pleasants, Donald
3200 Bayman Pond Drive
Wake Forest, NC 27587**

☒ Change ☐ Addition

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

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCS
mullen, Nikki P
160 mullen Road
Bunn NC 27508**

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Delete

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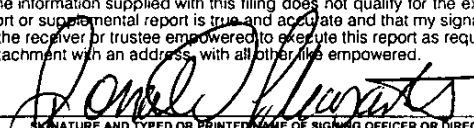
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SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.13.07

Date

919-556-1890

Daytime Phone #