


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90083 022 \*\*\*150.00

<b>DOCUMENT # F06000000909</b>	
1. Entity Name <b>SECO &amp; GOLDEN "100" INC.</b>	

Principal Place of Business <b>1600 ESSEX AVE DELAND, FL 32724</b>	Mailing Address <b>1600 ESSEX AVE DELAND, FL 32724</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042008 Chg-P CR2E034 (12/06)

4. FEI Number <b>58-0619566</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO EDMUNDSON, RON <input type="checkbox"/> Delete 1600 ESSEX AVE DELAND, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Peter Horvath 1600 Essex Avenue - PO Box 323 De Land, FL. 32724 32721-10323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT EDMUNDSON, RON <input type="checkbox"/> Delete 1600 ESSEX AVE DELAND, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASAT <input type="checkbox"/> Change <input type="checkbox"/> Addition Peter Horvath 1600 Essex Avenue PO Box : 323 De Land, FL. 32724 32721-10323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SCHRIVER, DON <input type="checkbox"/> Delete 10220 N AMBASSADOR DR KANSAS CITY, MO 64153	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MURFIELD, KEITH <input type="checkbox"/> Delete 2008 S HARDY DR TEMPE, AZ 852856877	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GRABOW, DEAN <input type="checkbox"/> Delete 101 S SWIFT AVE LITCHFIELD, MN 55355	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUGENSTEIN, RUSS <input type="checkbox"/> Delete 19480 SW 97TH AVE TUALATIN, OR 97062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ed Johnson 1520 Woodrow Street Salem, OR 97303

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 filers empowered.

**SIGNATURE:**  **386-734-3906**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #