

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003225

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** SOUTHEASTERN WOOD POLE INSPECTORS, INC.

**Current Principal Place of Business:**

1382 E. COUNTY ROAD 462  
WILDWOOD, FL 34785

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 873  
COMMERCE, GA 30529

**New Mailing Address:**

**FEI Number:** 58-1628176      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PASCOE, BEVERLY  
1301 RIVERPLACE BLVD., SUITE 1500  
JACKSONVILLE, FL 32207 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

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: NORRIS, CARROLL F  
Address: 903 HIGHWAY 441 S  
City-St-Zip: COMMERCE, GA 30529

Title: VCVF  
Name: NORRIS, ELIZABETH  
Address: 903 HIGHWAY 441 S  
City-St-Zip: COMMERCE, GA 30529

Title: DS  
Name: NORRIS, ASHLEY  
Address: 903 HIGHWAY 441 S  
City-St-Zip: COMMERCE, GA 30529

Title: DS  
Name: NORRIS, ASHLEY  
Address: 903 HIGHWAY 441 S  
City-St-Zip: COMMERCE, GA 30529

Title: CEO  
Name: NORRIS, CARROLL F  
Address: 903 HIGHWAY 441 S  
City-St-Zip: COMMERCE, GA 30529

I hereby 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 all other like empowered.

SIGNATURE: CARROLL F NORRIS

CP

04/11/2012

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

\_\_\_\_\_ Date