


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F30903</b>	
1. Entity Name <b>SOUTH EAST WELDING AND TRAILER SALES, INC.</b>	

<b>Principal Place of Business</b> P.O. BOX 1389 MILE MARKER 95.5, US HWY 1 KEY LARGO, FL 33037-1389	<b>Mailing Address</b> P.O. BOX 1389 MILE MARKER 95.5, US HWY 1 KEY LARGO, FL 33037-1389
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**DO NOT WRITE IN THIS SPACE**

01202005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2091052</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**PENN, PATRICK  
40 HIGH POINT ROAD  
UNIT F204  
TAVERNIER, FL 33070**

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:  DATE: **02/25/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENN, PATRICK 40 HIGH POINT ROAD UNIT F204 TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDT PENN, PATRICK 40 HIGH POINT ROAD UNIT F204 TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENN, KAROL 483 BEACH RD TAVERNIER, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PENN, FREDERICK 483 BEACH ROAD TAVERNIER, FL 33070
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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03/01/05-80029-005 150.00

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:  DATE: **02/25/05** DAYTIME PHONE #: **305-852-3270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR