

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F30903

FILED  
Apr 20, 2007  
Secretary of State

Entity Name: SOUTH EAST WELDING AND TRAILER SALES, INC.

## Current Principal Place of Business:

P.O. BOX 1389  
MILE MARKER 95.5, US HWY 1  
KEY LARGO, FL 330371389

## New Principal Place of Business:

95210 U.S. HWY. 1  
KEY LARGO, FL 330371389

## Current Mailing Address:

P.O. BOX 1389  
MILE MARKER 95.5, US HWY 1  
KEY LARGO, FL 330371389

## New Mailing Address:

P.O. BOX 1389  
KEY LARGO, FL 330371389

FEI Number: 59-2091052

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PENN, PATRICK  
Address: 40 HIGH POINT ROAD UNIT F204  
City-St-Zip: TAVERNIER, FL 33070

Title: VDT ( ) Delete  
Name: PENN, PATRICK  
Address: 40 HIGH POINT ROAD UNIT F204  
City-St-Zip: TAVERNIER, FL 33070

Title: S ( ) Delete  
Name: PENN, KAROL  
Address: 483 BEACH RD  
City-St-Zip: TAVERNIER, FL 33037

Title: S ( ) Delete  
Name: PENN, FREDERICK  
Address: 483 BEACH ROAD  
City-St-Zip: TAVERNIER, FL 33070

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: PATRICK PENN

PD

04/20/2007

Electronic Signature of Signing Officer or Director

Date