

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90025 047 ***150.00

DOCUMENT # F30903

1. Entity Name

SOUTH EAST WELDING AND TRAILER SALES, INC.



Principal Place of Business

**95210 U.S. HWY. 1
KEY LARGO FL 33037-1389**

Mailing Address

**P.O. BOX 1389
KEY LARGO FL 33037-1389**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E034 (10/07)

Zip

Country

Zip

Country

4. FEI Number **59-2091052**

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

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

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's signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

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

TITLE PD ☐ Delete
NAME PENN, PATRICK
STREET ADDRESS 40 HIGH POINT ROAD UNIT F204
CITY-ST-ZIP TAVERNIER FL 33070

TITLE **P/D/T** ☒ Change ☐ Addition
NAME **Penn, Patrick**
STREET ADDRESS **40 Highpoint Rd. Unit F204**
CITY-ST-ZIP **Tavernier FL 33070**

TITLE VDT ☒ Delete
NAME PENN, PATRICK
STREET ADDRESS 40 HIGH POINT ROAD UNIT F204
CITY-ST-ZIP TAVERNIER FL 33070

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME PENN, KAROL
STREET ADDRESS 483 BEACH RD
CITY-ST-ZIP TAVERNIER FL 33037

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME PENN, FREDERICK
STREET ADDRESS 483 BEACH ROAD
CITY-ST-ZIP TAVERNIER FL 33070

TITLE **V/D** ☒ Change ☐ Addition
NAME **Penn, Frederick**
STREET ADDRESS **483 Beach Rd.**
CITY-ST-ZIP **Tavernier, FL 33070**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Patrick Penn**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/06/08 305-852-3270

Date

Daytime Phone #