


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000001612 1. Entity Name PETRON SOUTHEAST, INC.	
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Principal Place of Business PO BOX 8718 ALEXANDRIA, LA 71306	Mailing Address PO BOX 8718 ALEXANDRIA, LA 71306
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DO NOT WRITE IN THIS SPACE

02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 72-0590032	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BLUE, ROB
221 MCKENZIE AVE.
PANAMA CITY, FL 32402

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C AYRES, J.R. 1107 GREENBRIAR ALEXANDRIA, LA 71301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP AYRES, STEVE 1104 THORNTON ST. ALEXANDRIA, LA 71301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYRES, JO ANNE 1600 HARRIS ST. ALEXANDRIA, LA 71301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILLEKE, LAURA 5008 PHEASANT RUN ALEXANDRIA, LA 71301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HILLEKE, JAMES 5008 PHEASANT RUN ALEXANDRIA, LA 71301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000080564
03/08/04-80114-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Steve Ayres 2-26-04 318-445-5685
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #