2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # G60269

1. Entity Name
SOUTH EAST INDUSTRIAL SALES AND SERVICE, INC.

Principal Place of Business	Mailing Address
4513 1/2 CAUSEWAY BLVD. P.O.BOX 8527 TAMPA, FL 33619	4513 1/2 CAUSEWAY BLVD. P.O.BOX 8527 TAMPA, FL 33619

01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2340165
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAURITO, LOUIS G.
741 SPANISH MAIN DR.
APOLLO BEACH, FL 33570

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000005007291
04/27/06-80057-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAURITO, LOUIS G
STREET ADDRESS	741 SPANISH MAIN DR.
CITY-ST-ZIP	APOLLO BEACH, FL. 0,
TITLE	DST
NAME	BARONE, RICHARD L.
STREET ADDRESS	828 OLD WELCOME RD.
CITY-ST-ZIP	LITHIA, FL 33547
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/12/06 813 047-3
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #