

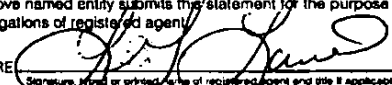
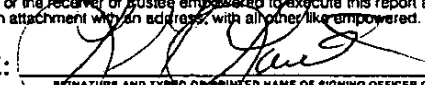


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2007 8:00 am
Secretary of State

04-27-2007 90191 026 ***150.00

DOCUMENT # G60269		
1. Entity Name SOUTH EAST INDUSTRIAL SALES AND SERVICE, INC.		
Principal Place of Business 4513 1/2 CAUSEWAY BLVD. P.O. BOX 8527 TAMPA, FL 33619	Mailing Address 4513 1/2 CAUSEWAY BLVD. P.O. BOX 8527 TAMPA, FL 33619	
DO NOT WRITE IN THIS SPACE		
		66015813  01082007 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2340165 Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$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 4/18/07 <small>(NOTE: Registered Agent's signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LAURITO, LOUIS G 741 SPANISH MAIN DR. APOLLO BEACH, FL. 0.	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DST BARONE, RICHARD L. 828 OLD WELCOME RD. 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5/15/07 Daytime Phone 813 247-2780