

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2006 8:00 am**  
**Secretary of State**

01-12-2006 90166 026 \*\*\*150.00

**DOCUMENT # H04866**

1. Entity Name  
**SOUTHEASTERN INDUSTRIAL SERVICES, INC.**



Principal Place of Business

**1150 PEBBLEDALE RD  
PO BOX 1136  
MULBERRY, FL 33860**

Mailing Address

**1150 PEBBLEDALE RD  
PO BOX 1136  
MULBERRY, FL 33860**

**40000873**



2. Principal Place of Business

**1150 PEBBLEDALE ROAD**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. BOX 1136**

Suite, Apt. #, etc.

01052006

Chg-P

CR2E034 (11/05)

City & State

**MULBERRY, FL**

City & State

**MULBERRY, FL**

4. FEI Number

**59-2398068**

Applied For

Not Applicable

Zip

**33860**

Country

**POLK**

Zip

**33860**

Country

**POLK**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**BERTRAND, ROBERT J.  
202 E WALNUT ST.  
LAKELAND, FL 33802**

7. Name and Address of New Registered Agent

Name  
**DAVID R. HOWELL**

Street Address (P.O. Box Number is Not Acceptable)  
**1150 PEBBLEDALE ROAD**

City  
**MULBERRY**

**FL**

Zip Code  
**33860**

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

*David R. Howell*

(NOTE: Registered Agent signature required when reinstating)

**1-6-06**

DATE

**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**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
HOWELL, CARL JR.  
1150 PEBBLEDALE RD  
MULBERRY, FL** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**DT  
HOWELL, DAVID R  
1150 PEBBLEDALE ROAD  
MULBERRY, FL 33860** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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:

*David R. Howell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-6-06 863-428-1511**

Date

Daytime Phone #