2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# H99812

Entity Name: SOUTHEAST PRO-CHEMICAL, INC.

Current Principal Place of Business:

2510 N DIXIE FRWY
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

1200 N DIXIE FREEWAY
NEW SMYRNA BEACH, FL 32168 US

Current Mailing Address:

3208-C E COLONIAL DRIVE
#303
ORLANDO, FL 32803 US

New Mailing Address:

FEI Number: 59-2637529 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ASMA, WILLIAM N
886 W DILLARD ST
WINTER GRDN, FL 34787 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: IANNIELLO, MARY
Address: 3213 HARGILL DR
City-St-Zip: ORLANDO, FL 32806

Title: EXVP ( ) Delete
Name: IANNIELLO, PAUL
Address: 3213 HARGILL DR
City-St-Zip: ORLANDO, FL 32806 US

Title: VP ( ) Delete
Name: SELBY, ROBERT D
Address: 1080 RODEO RD
City-St-Zip: ORMOND BEACH, FL 32174

Title: VP ( ) Delete
Name: WOLF, DANIEL
Address: 151WILLOW RUN
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY A. IANNIELLO PRES 04/14/2009

Electronic Signature of Signing Officer or Director Date