

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 15, 2007 08:00 AM
Secretary of State**

DOCUMENT # J55208

1. Entity Name
AMTEC SOUTHEAST, INC.



Principal Place of Business
**9 AMBLESIDE DR
BELLEAIR, FL 33756 US**

Mailing Address
**9 AMBLESIDE DR
BELLEAIR, FL 33756 US**



01172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2766104	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

**ALLBRIGHT, WILLIAM B.
9 AMBLESIDE DR
BELLEAIR, FL 33756**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000636463
02/26/07-80016-014; 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLBRIGHT, CLAUDIA R. 9 AMBLESIDE DR BELLEAIR, FL 33756
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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: _____

Claudia R. Allbright

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

727-441-8811

Daytime Phone #

CERTIFIED MAIL # 7005 1160 0003 3519 1147