## 2006 FOR PROFIT CORPORATION

## **FILED ANNUAL REPORT** Jan 06, 2006 08:00 AM DOCUMENT # K44043 **Secretary of State** SOUTHEAST REALTY & TRADING CO. Principal Place of Business Mailing Address 1230 JENKIN AVE., NE 1230 JENKIN AVE., NE PALM BAY, FL 32907 US PALM BAY, FL 32907 01032006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-2917419 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BENSON, WILLIAM H SR DO NOT WRITE 1230 JENKIN AVE., NE PALM BAY, FL 32907 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 15 \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS PST BENSON, WILLIAM H., SR. NAME STREET ADDRESS 1230 JENKIN AVE., NE U00000378520 CITY-ST-ZIP PALM BAY, FL 32907 01/09/06-80009-021 150.00 STREET ADDRESS CITY-ST ZIP TITLE

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 ceth; 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/06 321 952 12 47

Applied For

Not Applicable