


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M57157**

1. Entity Name  
**SECO SUPPLIES, INC.**



Principal Place of Business  
**445 GRAND BAY DR  
 PH 1-D  
 KEY BISCAIYNE, FL 33149**

Mailing Address  
**PO BOX 490983  
 KEY BISCAIYNE, FL 33149**

**DO NOT WRITE IN THIS SPACE**



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-2832494**

Applied For  
 Not Applicable

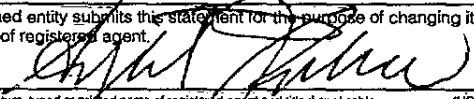
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PULVER, SYBIL J.  
 445 GRAND BAY DR PH 1-D  
 KEY BISCAIYNE, FL 33149**

**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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**


10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>PULVER, SYBIL J.<br>445 GRAND BAY DR PH 1-D<br>KEY BISCAIYNE, FL 33149 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPT<br>PULVER, MARGO<br>622 DANLEY LANE<br>NESHANIC STATION, NJ 08853       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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 02/05/05-80028-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **SYBIL J. PULVER, PRES. 01/31/05 305-365-6542**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #