

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M57157

FILED
Mar 12, 2009
Secretary of State

Entity Name: SECO SUPPLIES, INC.

Current Principal Place of Business:

445 GRAND BAY DR
PH 1-D
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

PO BOX 490983
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-2832494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PULVER, SYBIL J.
445 GRAND BAY DR PH 1-D
KEY BISCAYNE, FL 33149 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: D () Delete
Name: PULVER, SYBIL J.,
Address: 445 GRAND BAY DR PH 1-D
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VPT () Delete
Name: PULVER, MARGO
Address: 622 DANLEY LANE
City-St-Zip: NESHANIC STATION, NJ 08853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPT (X) Change () Addition
Name: PULVER, MARGO
Address: 4 RICHFIELD CT
City-St-Zip: BRANCHBURG, NJ 08853

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: SYBIL J. PULVER

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

_____ Date