

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90046 001 ***150.00

14003400



DOCUMENT # P00000065281 1. Entity Name SOUTHEAST CONSTRUCTION & DEVELOPMENT OF TAMPA BAY, INC.					
Principal Place of Business 4224 W. HENDERSON BLVD., STE. 101 TAMPA, FL 33629			Mailing Address 4224 W. HENDERSON BLVD., STE. 101 TAMPA, FL 33629		
2. Principal Place of Business 3300 W HENDERSON BLVD		3. Mailing Address 3300 W HENDERSON BLVD			
Suite, Apt. #, etc. 105		Suite, Apt. #, etc. 105			
City & State TAMPA FL		City & State TAMPA FL			
Zip 33609		Country		Zip 33609	
Country		4. FEI Number 59-3654707			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PURDY, MICHAEL K 4224 W. HENDERSON BLVD., STE. 101 TAMPA, FL 33629					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3300 W HENDERSON BLVD WHITE 105 City TAMPA FL Zip Code 33609					
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 _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNKLE, JAMES S 4024 W AZEELE ST TAMPA, FL 33609 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PURDY, MICHAEL K 4024 W AZEELE ST TAMPA, FL 33609 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ JAMES S. DUNKLE 4/9/04 813-251-6800 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					