

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P00000065281

1. Entity Name
**SOUTHEAST CONSTRUCTION & DEVELOPMENT OF
TAMPA BAY, INC.**



Principal Place of Business

**3300 W. HENDERSON BLVD., #105
TAMPA, FL 33609**

Mailing Address

**3300 W. HENDERSON BLVD., #105
TAMPA, FL 33609**

DO NOT WRITE IN THIS SPACE



03182006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3654707

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PURDY, MICHAEL K
3300 W. HENDERSON BLVD., #105
TAMPA, FL 33609**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

U00000494305
04/20/06-80039-023 150.00

TITLE	PD
NAME	DUNKLE, JAMES S
STREET ADDRESS	4024 W AZEELE ST
CITY-STATE-ZIP	TAMPA, FL 33609
TITLE	VSD
NAME	PURDY, MICHAEL K
STREET ADDRESS	4024 W AZEELE ST
CITY-STATE-ZIP	TAMPA, FL 33609
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES S. DUNKLE

4/4/06
Date

813-251-6800
Daytime Phone #