## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P00000065281

SOUTHEAST CONSTRUCTION & DEVELOPMENT OF TAMPA BAY, INC.



Principal Place of Business

PURDY, MICHAEL K

TAMPA, FL 33609

SIGNATURE:

3300 W. HENDERSON BLVD., #105

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

Mailing Address

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

## **FILED** Feb 27, 2008 8:00 am Secretary of State

02-27-2008 90003 041 \*\*\*150.00

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## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 59-3654707 Not Applicable \$8.75 Additional

5. Certificate of Status Desired Fee Required

DO NOT WRITE IN THIS SPACE

<ol> <li>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.</li> </ol>					
SIGNATURE Signature, typed or printed name of registered agent and title ill applicable (NOTE Registered Agent signature required when reinstating)  DATE					
FILE NOWI!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			eing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNKLE, JAMES S 722 PINELLAS BAYWAY, #107 TIERRA VERDE, FL 33715				
THLF WAME STREET ADDRESS CITY-ST-ZIP	VSD PURDY, MICHAEL K 4024 W AZEELE ST TAMPA, FL 33609				
TIFLE NAME STREET ADDRESS CITY+ST+ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·		IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME SCREET ADDRESS COTY-ST-ZIP					
12. Thereby certify that the information supplied with this filling 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.					

JAMES S. DUNKLE NAME OF SIGNING OFFICER OR DIRECTOR