

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P01000011337

1. Entity Name

SOUTHEASTERN TOWING & TRANSPORT, INC.



**FILED  
Feb 17, 2006 8:00 am  
Secretary of State**

02-17-2006 90077 022 \*\*\*150.00



1st MOORE CR2E034 (10/05)

Principal Place of Business  
186 PECAN PARK ROAD  
JACKSONVILLE FL 32218

Mailing Address

186 PECAN PARK ROAD  
JACKSONVILLE FL 32218

2. Principal Place of Business  
**1455 EASTPORT RD**

3. Mailing Address

**P.O. BOX 61676**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**JACKSONVILLE, FLA**

City & State

**JACKSONVILLE, FLA**

Zip 32218

Country USA

Zip 32254

Country USA

6. Name and Address of Current Registered Agent

DELK, JAMES B  
2317 BLANDING BLVD., #101  
JACKSONVILLE FL 32210

4. FEI Number  
**59-3718386**

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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 translating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODBEE, ROGER		NAME
STREET ADDRESS	2338 BARLAD DRIVE		STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32210		CITY-ST-ZIP
TITLE	VD	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENDERGRASS, WILLIAM L		NAME
STREET ADDRESS	535 NORTH JACKSON AVENUE		STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL 32220		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Roger J. Godbee*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 3 2006 - 904-781-1818*

Date

Daytime Phone #