2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P01000057797

1. Entity Name
SOUTHEAST ENVIROSCAPE, INC.

Principal Place of Business	Mailing Address
1293 CR 426 SUITE 117 OVIEDO, FL 32765	1293 C.R. 426 SUITE 117 OVIEDO, FL 32765

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01302006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3722503

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, LEE
215 W. 3RD ST.
CHULUTA, FL 32766

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	D
NAME	SMITH, LEE
STREET ADDRESS	215 W. 3RD ST.
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	P
NAME	SMITH, LEE
STREET ADDRESS	215 W. 3RD ST.
CITY-ST-ZIP	CHULVOTA, FL 32766
TITLE	VP
NAME	CAROL, SMITH J
STREET ADDRESS	215 W 3RD ST
CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE	S
NAME	ANTHONY, SMITH W
STREET ADDRESS	269 N. JUNGLE RD
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Carol J. Smith 1/30/06 407-366-6681
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #