

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P01000084253

1. Entity Name

SOUTHEASTERN GEO-TECH SERVICES, INC.



**FILED
Aug 18, 2004 8:00 am
Secretary of State**

08-18-2004 90002 009 ***150.00

Principal Place of Business

15674 LYONS & CREW RD
GLEN SAINT MARY FL 32040

Mailing Address

P.O. BOX 1239
MACCLENNY FL 32063

2. Principal Place of Business

11310 Vera Dr.

3. Mailing Address

P.O. Box 1239

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Macclelony FL 32063

Zip

32218

Country

United States

Zip

32063

Country

United States

6. Name and Address of Current Registered Agent

WILLIS, MARY R
134 S COLLEGE STREET
MACCLENNY FL 32063

4. FEI Number

59-3740039

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Jessica Reichenbach

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

11310 Vera Dr

City

Jacksonville

FL

Zip Code

32218

DATE

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jessica um Reichenbach 7-28-04

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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 PD
NAME MCMAHAN, CHRISTOPHER D
STREET ADDRESS 15674 LYONS & CREWS RD
CITY-ST-ZIP GLEN SAINT MARY FL 32040

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

11310 Vera Dr
Jacksonville FL 32218

TITLE STD
NAME WILLIS, MARY R
STREET ADDRESS 134 S COLLEGE STREET
CITY-ST-ZIP MACCLENNY FL 32063

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

STD
mcmahan Christopher D
11310 vera Dr
Jacksonville FL 32218

TITLE VP
NAME MCMAHAN, MATTHEW W
STREET ADDRESS 15674 LYONS & CREWS RD
CITY-ST-ZIP GLEN SAINT MARY FL 32040

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

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STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change 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:

Christopher D. McNamee 8-8-04 904-626-6850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #