

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

08-18-2004 90002 009 \*\*\*150.00

DOCUMENT # P01000084253

1. Entity Name

SOUTHEASTERN GEO-TECH SERVICES, INC.



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.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1239

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Macclenny FL 32063

Zip

32218

Country

United States

Zip

32063

Country

United States

4. FEI Number

59-3740039

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WILLIS, MARY R  
134 S COLLEGE STREET  
MACCLENNY FL 32063

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

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 file if applicable)

(NOTE: Registered Agent signature required when reinstalling)

DATE

Jessica M 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCAHAN, CHRISTOPHER D	
STREET ADDRESS	15674 LYONS & CREWS RD	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	WILLIS, MARY R	
STREET ADDRESS	134 S COLLEGE STREET	
CITY-ST-ZIP	MACCLENNY FL 32063	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	MCAHAN, MATTHEW W	
STREET ADDRESS	15674 LYONS & CREWS RD	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11310 Vera Dr	
CITY-ST-ZIP	Jacksonville FL 32218	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAHAN, CHRISTOPHER D	
STREET ADDRESS	11310 Vera Dr	
CITY-ST-ZIP	Jacksonville FL 32218	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Christopher D McMahen 8-8-04 904-626-6850