

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90023 008 ***150.00

DOCUMENT # P01000100129

1. Entity Name

SOUTHEASTERN PROPERTY CONSULTANTS, INC.



Principal Place of Business

**1313 HOLLY GLENN RUN
APOPKA FL 32703**

Mailing Address

**1313 HOLLY GLENN RUN
APOPKA FL 32703**

2. Principal Place of Business

452 OSCEOLA ST.

3. Mailing Address

452 OSCEOLA ST

Suite, Apt. #, etc.

SUITE 107

Suite, Apt. #, etc.

SUITE 107

City & State

ALTAMONTE SPRINGS, FL

City & State

ALTAMONTE SPRINGS

Zip

32701

Country

USA

Zip

32701

Country

USA

6. Name and Address of Current Registered Agent

**KUVEKE, HENRY L IV
1313 HOLLY GLENN RUN
APOPKA FL 32703**

4. FEI Number

59-3743875

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE PD ☐ Delete
NAME KUVEKE, HENRY L IV
STREET ADDRESS 1313 HOLLY GLENN RUN
CITY-ST-ZIP APOPKA FL 32703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

1/30/04

Date

407-767-0823

Daytime Phone #