


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90229 019 ***150.00

DOCUMENT # P02000023202	
1. Entity Name SOUTHEAST UNDERGROUND UTILITIES, CORP.	

Principal Place of Business 1805 CANOVA STREET STE 2 PALM BAY FL 32909	Mailing Address 1805 CANOVA STREET STE 2 PALM BAY FL 32909
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2. Principal Place of Business 1860 NW 59th Avenue Suite, Apt. #, etc. STE B City & State Sunrise, FL Zip 33313	3. Mailing Address 1860 NW 59th Avenue Suite, Apt. #, etc. STE B City & State Sunrise, FL Zip 33313
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MOORE CR2E034 (11/03)

4. FEI Number 59-3609117		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent COMPLETE BUSINESS SOLUTIONS, INC. 1805 CANOVA STREET PALM BAY FL 32909		7. Name and Address of New Registered Agent Name Anthoneel Allen Street Address (P.O. Box Number is Not Acceptable) 1860 NW 59th Avenue City Sunrise FL Zip Code 33313

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  **ANTHONEEL ALLEN** DATE **4/29/04**
(NOTE: Registered Agent signature required when reinstating)

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, ANTHONEEL S POST OFFICE BOX 9704 FORT LAUDERDALE FL 33310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLEN, CHARLES S POST OFFICE BOX 9704 FORT LAUDERDALE FL 33310 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ALLEN, HECTOR E 1805 CANOVA ST. PALM BAY FL 32909 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOT HOLDER, JOHN 1805 CANOVA ST PALM BAY FL 32909 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.

SIGNATURE:  **Anthoneel C. Allen** DATE **4/29/04** DAYTIME PHONE # **954-731-5552**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR