

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P02000026490

1. Entity Name
SE INDUSTRIAL SUPPLY, INC.



FILED
04 JUN 10 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
PO BOX 1055
MULBERRY, FL 33860-1055

Mailing Address
PO BOX 1055
MULBERRY, FL 33860-1055



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05202004

Chg-P

CR2E034 (10/03)

4. FEI Number
75-3032893

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOWELL, JASON
4870 CHERRY DR
MULBERRY, FL 33860

Name
Howell, Stephen V.
Street Address (P.O. Box Number is Not Acceptable)

1150 Pebbledale Rd

City
Mulberry

FL

Zip Code
33860

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

See below

700038022157
06/16/04--01052--019 **\$61.25

Amended AR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
HOWELL, JASON
4870 CHERRY DR
MULBERRY, FL 33860 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
Howell, David R.
1150 Pebbledale Rd
mulberry, FL 33860 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VDS
Howell, Stephen V.
1150 Pebbledale Rd
Mulberry, FL 33860 ☐ Change ☒ Addition

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stephen V. Howell 6/1/04 863-428-1511

TR