

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000088850

1. Entity Name
SECONE CORPORATION



Principal Place of Business
**7321 HOWARD ROAD
BOKEELIA, FL 33922**

Mailing Address
**7321 HOWARD ROAD
BOKEELIA, FL 33922**



01172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 35-1876841	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**GREEN, BRUCE D
1520 ROYAL PALM SQUARE BLVD.
SUITE 320
FORT MYERS, FL 33919**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DONALD K 7321 HOWARD ROAD BOKEELIA, FL 33922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIEDT, RONEL W 7321 HOWARD ROAD BOKEELIA, FL 33922
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/2008
Date

239. 288.9282
Daytime Phone #