2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPORT					Jan 25, 2008 08		
1. Entity Nam	MENT # P020000991 SE HOLDING CORP.				Secretary of S		
6671 W. INDIANTOWN ROAD 667 SUITE 56-150 SUI		Mailing Address 6671 W. INDIANTOWN ROAD SUITE 56-150 JUPITER, FL 33458					
·D	OO NOT WRITE	IN THIS SPA	CE	4. FEI Numb		CR2E034 (11/05) Applied For	
:			e e e e e e e e e e e e e e e e e e e	22-387 5. Certificate	of Status Desired	Not Applicable \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				-: ;			
6671 W. IN SUITE 56- JUPITER, 8. The above	FL 33458 e named entity submits this statement for the	ne purpose of changing its register	red office or regi	IN T	NOT W	ACE	
the obligat	tions of registered agent. Signature, typed or printed name of registered agent and	libe il applicable (NOTE: Registere	ed Agent signature rec	uired when reinstaling)		DATE	
	.E NOW!!! FEE IS \$150.00 lay 1, 2008 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD RUSSELL, L. SCOTT 6671 W INDIANTOWN RD #56-150 JUPITER, FL 33458			A Company of the Comp		0798209 -80019-009 150.00	
STREET AODRESS CITY-ST-ZIP TITLE			_	, R			
NAME STREET ADDRESS CITY-ST-ZIP			ارد از	DO	NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				IN .	THIS SP	ACE	

12. I hereby certify that the information supplied with this filling 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 an address, with all other like empowered.

SIGNATURE:

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/08

561-491-1200

Daytime Phone #