


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90354 003 ***150.00

DOCUMENT # P02000105544

1. Entity Name
SE ENGINEERING & INSPECTIONS, INC.



Principal Place of Business Mailing Address

**350 PENSACOLA BEACH BLVD
 STE 5C
 GULF BREEZE PKWY, FL 32561**

**362 GULF BREEZE PKWY #200
 GULF BREEZE, FL 32561-4493**

2. Principal Place of Business 3. Mailing Address

105 BAYBRIDGE DR

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

GULFBREEZE FL

Zip Country Zip Country

32561



04012004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

30-0113056 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

**SANDFORT, SCOTT
 BASS AND SANDFORT ACCOUNTANTS PA
 1301 WEST GARDEN STREET
 PENSACOLA, FL 32501**

Name
**Bass & Sandfort Accountants, PA
 1301 W. Garden Street
 Pensacola FL 32501-4504**

City FL Zip Code

B. 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 _____ DATE _____

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

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	PSTD EDDY, SCOTT M 362 GULF BREEZE PKWY #200 GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Scott M. Eddy Date: 04/15/04 Daytime Phone #: 850-916-7579

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR