
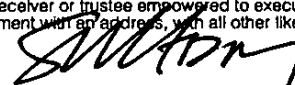


2005 FOR PROFIT CORPORATION ANNUAL REPORT

158.75

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90148 025 ***158.75

DOCUMENT # P02000105544			
1. Entity Name SE ENGINEERING & INSPECTIONS, INC.			
Principal Place of Business 105 BAY BRIDGE DR. GULF BREEZE PKWY, FL 32561		Mailing Address 362 GULF BREEZE PKWY #200 GULF BREEZE, FL 32561-4493	
2. Principal Place of Business 600 Barracks St. Suite, Apt. #, etc. 801-1 City & State Pensacola FL Zip 32501 Country USA		3. Mailing Address 707 E. Cervantes St. Suite, Apt. #, etc. B # 200 City & State Pensacola FL Zip 32501 Country USA	
4. FEI Number 30-0113056		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BASS & SANDFORT ACCOUNTANTS, PA 1301 WEST GARDEN STREET PENSACOLA, FL 32501-4504		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	Eddy, Scott M 707 E. Cervantes St Suite B 200 Pensacola, FL 32501 <input checked="" 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
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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: 		03/09/05 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			