

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Sep 08, 2004 8:00 am
Secretary of State**

09-08-2004 90123 046 ***150.00

DOCUMENT # P03000022410

1. Entity Name
STRUCTURAL ENVIRONMENTAL HEALTH, INC.



Principal Place of Business
7326 3RD AVENUE NORTH
ST. PETERSBURG, FL 33710

Mailing Address

7326 3RD AVENUE NORTH
ST. PETERSBURG, FL 33710

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07082004 Chg-P CR2E034 (10/03)

4. FEI Number

562-1952684

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

STOUDENMIRE, STAN
7326 3RD AVENUE NORTH
ST. PETERSBURG, FL 33710

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD
NAME STOUDENMIRE, STAN
STREET ADDRESS 7326 3RD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33710

Delete

Change Addition

TITLE VT
NAME STOUDENMIRE, SARAJANE
STREET ADDRESS 326 3RD AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG, FL 33710

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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: *Stan Stoudemire* **Date:** *9/1/04* **Daytime Phone #:** *727-481-6426*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR