

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90021 019 \*\*\*150.00

**DOCUMENT # P03000056721**

1. Entity Name  
**SOUTHEAST WHOLESALE SPECIALTIES, INC.**



Principal Place of Business  
**1250 SEMINOLE BLVD.  
SUITE 1  
LARGO, FL 33770**

Mailing Address  
**1250 SEMINOLE BLVD.  
SUITE 1  
LARGO, FL 33770**

2. Principal Place of Business - No P.O. Box #  
**8033 ULMERTON Rd.**

3. Mailing Address  
**SAME**



03122008 Chg-P CR2E034 (12/06)

City & State  
**LARGO, FL**

City & State

4. FEI Number  
**11-3694447**

Applied For  
Not Applicable

Zip  
**33771** Country  
**US**

Zip Country

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

## 6. Name and Address of Current Registered Agent

**LEBLANC, ALBERT G  
1250 SEMINOLE BLVD.  
SUITE 1  
LARGO, FL 33770**

## 7. Name and Address of New Registered Agent

Name  
**LeBLANC, ALBERT G.**  
Street Address (P.O. Box Number is Not Acceptable)  
**8033 ULMERTON Rd.**  
City  
**LARGO, FL** Zip Code  
**33771**

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 **x [Signature]**

**4/21/08**

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  
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  
**P** ☐ Delete  
NAME  
**LEBLANC, ALBERT G**  
STREET ADDRESS  
**1250 SEMINOLE BLVD., #1**  
CITY-ST-ZIP  
**LARGO, FL 33770**

TITLE  
**VP** ☐ Delete  
NAME  
**BRUNDAGE, GARY**  
STREET ADDRESS  
**1250 SEMINOLE BLVD., #1**  
CITY-ST-ZIP  
**LARGO, FL 33770**

TITLE  
**S** ☐ Delete  
NAME  
**LEE, LILLIAN**  
STREET ADDRESS  
**1250 SEMINOLE BLVD., #1**  
CITY-ST-ZIP  
**LARGO, FL 33770**

TITLE  
 ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Delete  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 ☒ Change ☐ Addition  
NAME  
**8033 ULMERTON Rd.**  
STREET ADDRESS  
**LARGO, FL 33771**  
CITY-ST-ZIP

TITLE  
 ☒ Change ☐ Addition  
NAME  
**8033 ULMERTON Rd.**  
STREET ADDRESS  
**LARGO, FL 33771**  
CITY-ST-ZIP

TITLE  
 ☒ Change ☐ Addition  
NAME  
**8033 ULMERTON Rd.**  
STREET ADDRESS  
**LARGO, FL 33771**  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

TITLE  
 ☐ Change ☐ Addition  
NAME  
  
STREET ADDRESS  
  
CITY-ST-ZIP

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: **x [Signature]**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/21/08** **(727) 530-5605**  
Date Daytime Phone #