

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000122074

1. Entity Name
SETCO ENTERPRISES INC.



Principal Place of Business

**7432 185TH RD
LIVE OAK, FL 32060**

Mailing Address

**7432 185TH RD
LIVE OAK, FL 32060**



07182007 No Chg-P CR2E034 (11/05)

4. FEI Number
81-0637366

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CHAUNCEY, LEE V SR
7432 185TH RD
LIVE OAK, FL 32060**

DO NOT WRITE
IN THIS SPACE

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 renouncing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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

TITLE	P
NAME	CHAUNCEY, LEE V SR
STREET ADDRESS	5766 SW 61ST AVE
CITY-ST-ZIP	JASPER, FL 32052
TITLE	V
NAME	CHAUNCEY, PAUL B JR
STREET ADDRESS	7432 185TH RD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	ST
NAME	CHAUNCEY, DOROTHY A
STREET ADDRESS	7432 185TH RD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	SH
NAME	CHAUNCEY, III, PAUL B
STREET ADDRESS	18933 76TH ST
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	SH
NAME	CHAUNCEY, ANTHONY WADE
STREET ADDRESS	P.O. BOX 980
CITY-ST-ZIP	LIVE OAK, FL 32064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000772812
08/28/07-80004-023 150.00

DO NOT WRITE
IN THIS SPACE

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:

Dorothy A. Chauncey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/21/07 386/362-2228
Daytime Phone #