

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000128668

1. Entity Name
SOUTHEAST IRRIGATION & PLUMBING INC.



Principal Place of Business

8515 TOMKOW ROAD
LAKELAND, FL 33809

Mailing Address

8515 TOMKOW ROAD
LAKELAND, FL 33809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04172004 Chg-P CR2E034 (10/03)

4. FEI Number
20-0381469

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARSH, JOHN
8515 TOMKOW ROAD
LAKELAND, FL 33809

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
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

TITLE P
NAME MARSH, JOHN
STREET ADDRESS 8515 TOMKOW ROAD
CITY-ST-ZIP LAKELAND, FL 33809

Delete

TITLE V
NAME FISCHER, JOHN
STREET ADDRESS 1536 COUNTY ROAD 639
CITY-ST-ZIP MENTONE, AL 35984

Delete

TITLE S
NAME MARSH, JOHNNY E
STREET ADDRESS 8515 TOMKOW ROAD
CITY-ST-ZIP LAKELAND, FL 33809

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *John C Marsh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

863-984-3155

Daytime Phone #



34039517

**FILED
Apr 23, 2004 8:00 am
Secretary of State**

04-23-2004 90216 022 ***150.00