2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 24, 2005 08:00 AM Secretary of State

DOCUMENT_# P03000153634 1. Entity Name SOUTHEASTERN DECORATORS & RENTALS, INC.		Secretary of State
Place of Business Mailing Address 1267 GERBING ROAD 1267 GERBING ROAD FERNANDINA BEACH, FL 32034 US FERNANDINA BEACH, FL 3203	34 US	
DO NOT WRITE IN THIS SPACE		01152005 No Chg-P CR2E034 (10/03)
		4. FEI Number 20-0519349 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CHISM, LORIE L 2334 EAST STATE ROAD 200, SUITE 300 FERNANDINA BEACH, FL 32034		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 or finded 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, 2005 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.		00 May Be rd to Fees
10. OFFICERS AND DIRECTORS TITLE DPST NAME EDWARDS, ELLEN D. STREET ADDRESS 1267 GERBING ROAD CITY ST-ZIP FERNANDINA BEACH, FL 32034		U00000190474 01/24/05-80135-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3)ff), 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: _

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

Ellon D. Edwards Bresident SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/05

904-353-4341