## **2007 FOR PROFIT CORPORATION** ANNUAL REPORT

## DOCUMENT # P04000086987

SOUTHEAST CONSTRUCTION SPECIALTIES INC.



04-19-2007 90413 040 \*\*\*150.00

**FILED** 

Apr 19, 2007 8:00 am Secretary of State

Principal Place of Business

4310 HWY 77

GRACEVILLE, FL 32440

Mailing Address

4310 HWY 77

GRACEVILLE, FL 32440



03132007 DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) No Chg-P

4. FEI Number Applied For 20-1140465 Not Applicable \$8.75 Additional 

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

NUNLEY, ORVILLE 4310 HWY 77 GRACEVILLE, FL 32440

## DO NOT WRITE IN THIS SPACE

		214 1	
The above named entity submits this statement for the stateme	purpose of changing its registered office or	registered agent, or both	, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title	if pplicable. (NOTE: Registered Agent signature)	re required when reinstating)	DATE
FILE NOW!!! FEE IS \$150:00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECT	CTORS	L	
TITLE P NAME NUNLEY, ORVILLE STREET ADDRESS 4310 HWY 77 CITY-ST-ZIP GRACEVILLE, FL 32440			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			udodoga 7022 03/28/07 000 11-422 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-2IP			
TITLE			

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.

STREET ADDRESS CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #