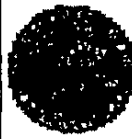


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000109762**

1. Entity Name  
SEPCO, INC.



Principal Place of Business  
7986 SW JACK JAMES DRIVE  
STUART, FL 34997-7241

Mailing Address  
7986 SW JACK JAMES DRIVE  
STUART, FL 34997-7241



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1470698

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

ROBBINS, STEVEN  
7986 SW JACK JAMES DRIVE  
STUART, FL 34997-7241

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 re-registering)

DATE

3/22/07

**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

U000000679961  
04/03/07-80057-025 158.75

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ROBBINS, STEVEN
STREET ADDRESS	7986 SW JACK JAMES DRIVE
CITY-ST-ZIP	STUART, FL 349977241
TITLE	SVP
NAME	ROBBINS, SUSAN
STREET ADDRESS	7986 SW JACK JAMES DRIVE
CITY-ST-ZIP	STUART, FL 349977241
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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:**

*Susan K. Robbins*

SUSAN K. ROBBINS

3/22/07

772-220-6615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #