

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90042 035 ***150.00

DOCUMENT # P04000135847 1. Entity Name SOUTHEAST EQUIPMENT INC.					
Principal Place of Business 3020 S FLORIDA AVE STE 301B 301B LAKELAND FL 33803			Mailing Address 4798 S FLORIDA AVE 201 LAKELAND FL 33813		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-1690283	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHRITTON, CHARLES P 225 E LEMON ST LAKELAND FL 33801				7. Name and Address of New Registered Agent Name THOMAS M. GUNTER Street Address (P.O. Box Number is Not Acceptable) 3020 S. FLORIDA AVE SUITE 301B City LAKELAND FL 33803	
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 the fee payable. (NOTE: Registered Agent signature required when desirable.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PRES ☐ Delete NAME GUNTER, THOMAS M STREET ADDRESS 4798 S. FLA. AVE-SUITE 201 CITY-ST-ZIP LAKELAND FL 33813			TITLE ☒ Change ☐ Addition NAME THOMAS M. GUNTER STREET ADDRESS 3020 S. FLORIDA AVE, Suite 301B CITY-ST-ZIP LAKELAND, FL 33803-4054		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE ☐ Change ☐ Addition 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 Section 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: 3-18-08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					