

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2006 8:00 am
Secretary of State

05-01-2006 90388 046 ***150.00

DOCUMENT # P05000054271 1. Entity Name SOUTHEAST CONCEPTS CONSTRUCTION, INC.					
Principal Place of Business 1204 DRILL AVE PALM BAY, FL 32907			Mailing Address 1204 DRILL AVE PALM BAY, FL 32907		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2689179	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARTIN, IV, PAUL K 1204 DRILL AVE PALM BAY, FL 32907				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				DATE 4-1-06	
SIGNATURE <u>Paul K Martin IV</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when substituting)				DATE 4-1-06	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00				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 NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, IV, PAUL K 1204 DRILL AVE PALM BAY, FL 32907	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Martin, Paul K IV 1204 Drill Avenue NE Palm Bay, FL 32907	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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: <u>Paul K Martin IV</u> Director				02/06/06 321-953-4927	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

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