

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90068 014 ***150.00

DOCUMENT # P05000129436

1. Entity Name

SOUTHEASTERN CNC MACHINERY CO INC



Principal Place of Business

201 TEAKWOOD CIR N.
MIDDLEBURG FL 32068
US

Mailing Address

201 TEAKWOOD CIR N.
MIDDLEBURG FL 32068
US



2. Principal Place of Business - No P.O. Box #

201 TEAKWOOD CIR N

Suite, Apt. #, etc.

3. Mailing Address

201 TEAKWOOD CIR N

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

MIDDLEBURG FL

City & State

MIDDLEBURG FL

Zip

32068

Country

USA

Zip

32068

Country

USA

4. FEI Number

20-3519051

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCFADDEN, STEVEN M
201 TEAKWOOD CIR. N
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Steven MCFadden

Signature, typed or printed 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, 2007 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

TITLE P
NAME MCFADDEN, STEVEN M
STREET ADDRESS 201 TEAKWOOD CIR. N.
CITY ST ZIP MIDDLEBURG FL 32068 ☐ Delete

TITLE SEC
NAME MCFADDEN, SHANNON K
STREET ADDRESS 8116 PLUNKETT AVE.
CITY ST ZIP ORLANDO FL 32810 ☐ Delete

TITLE TREA
NAME MCFADDEN, STEVEN K
STREET ADDRESS 201 TEAKWOOD CIR N.
CITY ST ZIP MIDDLEBURG FL 32068 ☒ Delete

TITLE VP
NAME BAKONE, MICHAEL
STREET ADDRESS 11202 GLENMORE DR
CITY ST ZIP WEST PALM BEACH FL 33409 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY ST ZIP ☐ Change ☐ Addition

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:

Steven MCFadden

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-JAN-06

Date

904 424 4782

Daytime Phone #