2007 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P05000137949 1. Entity Name SOUTHEAST INTERSTATE EXTERIORS INC. Principal Place of Business Mailing Address

104 N. MAPLE AVENUE

SANFORD, FL 32771

COUNTS, KIM 8879 W COLONIAL OCOEE, FL 34761

SIGNATURE

FILED May 03, 2007 08:00 AM Secretary of State

Fee Required



5. Certificate of Status Desired

IN THIS SPACE

DO NOT WRITE IN THIS SPACE

104 N. MAPLE AVENUE

SANFORD, FL 32771

01302007 140 0	ng-r Cr	CR2E034 (11/03)				
I. FEI Number	•	Applied For				
20-3598314		Not Applicable				
Cartificate of Status I	Donisad [\$8.75 Additional				

6. Name and Address of Current Registered Agent	* i	 		offs - H. St. on	
M ONIAL DRIVE #115	,		DO	NOT WR	ITE

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.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

U00000758307 05/23/07-80105-015 150.00

OFFICERS AND DIRECTORS 10. PRES TITLE KIM COUNTS NAME STREET ADDRESS 8879 W COLONIAL DRIVE #115 OCOEE, FL 34761 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR