

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000142645

Entity Name: SEC CONTRACTORS, INC.

FILED  
Apr 17, 2007  
Secretary of State

## Current Principal Place of Business:

550 N. REO STREET  
SUITE 300  
TAMPA, FL 33609

## New Principal Place of Business:

## Current Mailing Address:

550 N. REO STREET  
SUITE 300  
TAMPA, FL 33609

## New Mailing Address:

FEI Number: 20-5060811      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324    US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JIMENEZ, SAM  
Address: 13129 23 MILE RD.  
City-St-Zip: SHELBY TOWNSHIP, MI 48315

Title: VP ( ) Delete  
Name: POMANTE, SHARON  
Address: 13129 23 MILE RD.  
City-St-Zip: SHELBY TOWNSHIP, MI 48315

Title: S ( ) Delete  
Name: KAYE, SHERI  
Address: 13129 23 MILE RD.  
City-St-Zip: SHELBY TOWNSHIP, MI 48315

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SMITH, LOUIS  
Address: 13129 23 MILE RD.  
City-St-Zip: SHELBY TOWNSHIP, MI 48315

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON POMANTE

VP

04/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date